| Fill in this information to identify your case:                          |  |
|--|--|
| United States Bankruptcy Court for the:  Northern District of California | •  |
| Case number (if known):  | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

☐ Check if this is an amended filing

#### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

|    |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|--|---|
| 1. | Your full name  |  |   |
|    | Write the name that is on your  | Maria  |   |
|    | government-issued picture identification (for example,  | First name   | First name                                    |
|    | your driver's license or  | Luz  |   |
|    | passport).  | Middle name  | Middle name                                   |
|    | Bring your picture  | Neves  |   |
|    | identification to your meeting with the trustee.  | Last name  | Last name                                     |
|    | with the trustee.   | Suffix (Sr., Jr., II, III)                                   | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you have used in the last 8 years Include your married or maiden names.                           | First name  Middle name  Last name                           | First name  Middle name  Last name            |
|    |   | First name   | First name                                    |
|    |   | Middle name  | Middle name                                   |
| i  |   | Last name  | Last name                                     |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx - xx - <u>3</u> <u>7</u> <u>3</u> <u>6</u> OR  9 xx - xx | xxx - xx OR 9 xx - xx                         |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

page 1

| Debtor | 1 |
|--------|---|
|        |   |

MARIA LUZ NEVES

First Name Middle Name

Last Name

| Case number | (if known) | <br> |  |
|-------------|------------|------|--|
| Case number | (if known) | <br> |  |

|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|--|---|--|
| 4. Any business nan<br>and Employer<br>Identification Num<br>(EIN) you have us | I have not used any business names or EINs.   | ☐ I have not used any business names or EINs.  |
| the last 8 years   | Business name   | Business name  |
| Include trade names a<br>doing business as na                                  |   | Business name  |
|  | EIN — — — — — —   | EIN  |
|  | EIN   | EIN — — — — — — — — — — — — — — — — — — —  |
| 5. Where you live  |   | If Debtor 2 lives at a different address:  |
|  | 1639 Melody Ln<br>Number Street   | Number Street  |
|  | San Jose CA 95133   |  |
|  | City State ZIP Code   | City State ZIP Code  |
|  | Santa Clara<br>County   | County   |
|  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  | 2600 Decoto Rd #7   | Number Chrest  |
|  | Number Street   | Number Street  |
|  | P.O. Box  | P.O. Box   |
|  | Union City CA 94587  City State ZIP Code  | City State ZIP Code  |
|  | City State ZIP Code   | Sity State ZiP Code  |
| 6. Why you are choo  | osing Check one:  | Check one:   |
| <i>this district</i> to file<br>bankruptcy                                     | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|  |   |  |
|  |   |  |
|  |   |  |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

page 2

First Name I

Last Name

| Case number | (if known) |  |  |
|-------------|------------|--|--|

| P   | Tell the Court Abou   | ıt Your B            | ankrup                                | tcy Case  |   |  |  |
|-----|---|----------------------|---------------------------------------|---|---|--|--|
| 7.  | The chapter of the Bankruptcy Code you  | Check o              | ne. (For<br>ruptcy (F                 | a brief description of<br>form 2010)). Also, o                  | of each, see <i>Notic</i><br>go to the top of pa  | ce Required by 11 age 1 and check th                       | U.S.C. § 342(b) for Individuals Filing ne appropriate box.   |
|     | are choosing to file under  | ☐ Cha                | pter 7                                |   |   |  |  |
|     |   | ☐ Cha                | pter 11                               |   |   |  |  |
|     |   | ☐ Cha                | pter 12                               |   |   |  |  |
|     |   | <b>☑</b> Cha         | pter 13                               |   |   |  |  |
| 8.  | How you will pay the fee  | loca<br>your<br>subr | l court for<br>self, you<br>nitting y | or more details al<br>u may pay with c                          | bout how you m<br>ash, cashier's c  | nay pay. Typicall<br>heck, or money                        | eck with the clerk's office in your<br>ly, if you are paying the fee<br>order. If your attorney is<br>pay with a credit card or check  |
|     |   | ☐ I nee              | ed to pa                              | ay the fee in inst<br>for Individuals to                        | tallments. If you<br>Pay The Filing   | u choose this op<br>Fee in Installme                       | otion, sign and attach the ontion of the other of the oth |
|     |   | By la<br>less<br>pay | aw, a jud<br>than 15<br>the fee       | dge may, but is n<br>50% of the official<br>in installments). I | ot required to, volume to the following the | waive your fee, a<br>at applies to you<br>is option, you m | ion only if you are filing for Chapter 7. and may do so only if your income is ir family size and you are unable to just fill out the Application to Have the with your petition.  |
| 9.  | Have you filed for  | <b>☑</b> No          |                                       |   |   |  |  |
|     | bankruptcy within the last 8 years?   | ☐ Yes.               | District                              |   | When  | MM / DD / YYYY   | Case number  |
|     |   |                      | District                              |   | When  | MM / DD / YYYY   | Case number  |
|     |   |                      |                                       |   |   |  |  |
|     |   |                      | District                              |   | When  | MM / DD / YYYY   | Case number  |
| 10  | . Are any bankruptcy  | ₩ No                 |                                       |   |   |  |  |
|     | cases pending or being filed by a spouse who is                                       | Yes.                 | Debtor                                |   |   |  | _ Relationship to you  |
|     | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |                      | District                              |   | When  | MM/DD/YYYY   | Case number, if known  |
|     | anniate i   |                      | Debtor                                |   |   |  | Relationship to you  |
|     |   |                      |                                       | ****  |   | MM / DD / YYYY   | Case number, if known  |
| 11. | . Do you rent your<br>residence?  | ☑ No.<br>☐ Yes.      | resider                               | ur landlord obtained<br>nce?<br>. Go to line 12.                |   |  | and do you want to stay in your  |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

this bankruptcy petition.

page 3

|  | <b>MARIA</b> | LUZ | NΕV | /ES |
|--|--------------|-----|-----|-----|
|--|--------------|-----|-----|-----|

Last Name

Case number (if known)

#### Part 3:

#### Report About Any Businesses You Own as a Sole Proprietor

| 12. | Are you a sole proprietor   | No.                | Go to Part 4.  |                               |   |   |  |
|-----|---|--------------------|--|-------------------------------|---|---|--|
|     | of any full- or part-time business?   | ☐ Yes.             | Name and location of bus                               | iness                         |   |   |  |
|     | A sole proprietorship is a business you operate as an   |                    |  |                               |   |   |  |
|     | individual, and is not a<br>separate legal entity such as   |                    | Name of business, if any                               |                               |   |   |  |
|     | a corporation, partnership, or  |                    | Number Street  |                               |   |   |  |
|     | LLC. If you have more than one  |                    | Number Street  |                               |   |   |  |
|     | sole proprietorship, use a separate sheet and attach it   |                    |  |                               | • |   |  |
|     | to this petition.   |                    | City   |                               | State                                   | ZIP Code  |  |
|     |   |                    | Check the appropriate bo                               | x to describe your business   | <i>:</i>                                |   |  |
|     |   |                    |  | (as defined in 11 U.S.C. §    |   |   |  |
|     |   |                    |  | ate (as defined in 11 U.S.C   |   | )   |  |
|     |   |                    | ☐ Stockbroker (as define                               | ed in 11 U.S.C. § 101(53A))   | •                                       |   |  |
|     |   |                    | ☐ Commodity Broker (a                                  | s defined in 11 U.S.C. § 101  | I(6))                                   |   |  |
|     |   |                    | ☐ None of the above                                    |                               |   |   |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a <i>small business</i> | can set<br>most re | appropriate deadlines. If y cent balance sheet, statem | ou indicate that you are a si | måll business<br>v statement. :         | small business debtor so that it<br>s debtor, you must attach your<br>and federal income tax return o<br>116(1)(B). |  |
|     | debtor? For a definition of small   | ₩ No.              | I am not filing under Chap                             | oter 11.                      |   |   |  |
|     | business debtor, see<br>11 U.S.C. § 101(51D).   | ☐ No.              | I am filing under Chapter the Bankruptcy Code.         | 11, but I am NOT a small be   | usiness debto                           | or according to the definition in   |  |
|     |   | ☐ Yes.             | I am filing under Chapter<br>Bankruptcy Code.          | 11 and I am a small busines   | ss debtor acc                           | cording to the definition in the  |  |
| Pa  | rt 4: Report if You Own   | or Have            | Any Hazardous Prope                                    | erty or Any Property Th       | at Needs I                              | mmediate Attention  |  |
|     |   |                    |  |                               |   |   |  |
| 14. | Do you own or have any  | M No               |  |                               |   |   |  |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.             | What is the hazard?                                    |                               |   |   |  |
|     | of imminent and identifiable hazard to  |                    |  |                               |   |   |  |
|     | public health or safety?  |                    |  |                               |   |   |  |
|     | Or do you own any property that needs   |                    |  |                               |   |   |  |
|     | immediate attention?  |                    | If immediate attention is                              | needed, why is it needed?     |   |   |  |

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

immediate attention?

| Where is the property? | Number | Street | <br> |  |
|------------------------|--------|--------|------|--|
|                        |        |        |      |  |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

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ZIP Code

State

Case: 17-51198 Doc# 1 Filed: 05/19/17 Entered: 05/19/17 13:05:35 First Name

Middle Name

Last Name

|  |  |  |  | Case number | (if known) |  |  |  |  |
|--|--|--|--|-------------|------------|--|--|--|--|
|--|--|--|--|-------------|------------|--|--|--|--|

#### Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1 | ı | ١ |  |  |  |  |  |  |  |  |  |  |  | ١ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ١ |  |  | ı |  |  |  |  | ı | ı | ı | ı | ı | ı |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ١ | ١ | ١ | ١ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | • |  |  |
|----------------|---|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|---|--|--|--|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|
|----------------|---|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|---|--|--|--|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

page 5

First Name Middle Name

Last Name

Case number (if known)\_\_\_\_\_

| Part 6: Answer These Ques  | stions for Reporting Purposes   | <b>5</b>  |  |
|--|---|---|--|
| 16. What kind of debts do<br>you have?   | as "incurred by an individual page 1. No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily money for a business or investigation. No. Go to line 16c. Yes. Go to line 17.   | r consumer debts? Consumer debts primarily for a personal, family, or housely business debts? Business debts are streent or through the operation of the business debts are streent or through the operation of the business debts are streent or through the operation of the business debts are not consumer debts or business. | e debts that you incurred to obtain siness or investment.  |
| 17. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No. I am not filing under Chapter administrative expenses a   | oter 7. Go to line 18.<br>7. Do you estimate that after any exempl<br>are paid that funds will be available to dis  | property is excluded and tribute to unsecured creditors?   |
| 18. How many creditors do you estimate that you owe?   | <b>1</b> 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you<br>estimate your assets to<br>be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
| For you  | If I have chosen to file under Chap of title 11, United States Code. I ur under Chapter 7.  If no attorney represents me and I this document, I have obtained and I request relief in accordance with I understand making a false staten with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and Signature & Debtor 1 by MARIA LUZ NEVES | her anticipated Guardian Ad Litem, ture o   | chapter, and I choose to proceed to is not an attorney to help me fill out 342(b).  Ite, specified in this petition. Item or property by fraud in connection |
|  | Executed on05/18/2017<br>MM / DD / YY   |   | n MM / DD /YYYY  |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

page 6

Debtor 1

MARIA LUZ NEVES
First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| Morma Hammes Signature of Attorney for Debtor | Date          | 05/18/2017<br>MM / DD /YYYY |
|---|---------------|-----------------------------|
| Norma Hammes                                  |               |                             |
| Printed name                                  |               |                             |
| GOLD and HAMMES, Attorneys                    |               |                             |
| Firm name                                     |               |                             |
| 1570 The Alameda, Suite 223                   |               |                             |
| Number Street                                 |               |                             |
|   |               |                             |
| San Jose, CA 95126                            |               |                             |
| City  | State         | ZIP Code                    |
| Contact phone 408-297-8750                    | Email address | goldandhammes@goha.com      |
| 80149   | California    |                             |
| Bar number                                    | State         | •                           |

| Fill in this in                 | formation to ide    | entify your case:   |           |  |
|---------------------------------|---------------------|---------------------|-----------|--|
| Debtor 1                        | MARIA LUZ N         | EVES Middle Name    | Last Name |  |
| Debtor 2<br>(Spouse, if filing) | First Name          | Middle Name         | Last Name |  |
| United States E                 | Bankruptcy Court fo | or the: District of |           |  |
| Case number                     | (If known)          |                     |           |  |

Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|  | Your assets Value of what you own |
|--|-----------------------------------|
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$\$                              |
|  |                                   |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | s\$ 31,861                        |
| 1c. Copy line 63, Total of all property on Schedule A/B  | s 601,861                         |
| rt 2: Summarize Your Liabilities   |                                   |
|  | Your liabilities Amount you owe   |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ 373,512                        |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | so                                |
| зь. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | + \$ 4,000                        |
| Your total liabil  | ities \$377,512                   |
| art 3: Summarize Your Income and Expenses  |                                   |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$1,477                           |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  |                                   |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case: 17-51198

Doc# 1

Filed: 05/19/17

Entered: 05/19/17 13:05:35

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Debtor 1

MARIA LUZ NEVES
First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_\_\_

| P  | Answer These Questions for Administrative and Statistical Records   | 3  |
|----|---|--|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form. Yes   | form to the court with your other schedules. |
| 7. | What kind of debt do you have?  ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by ar family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.  ✓ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | oses. 28 U.S.C. § 159.                       |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  | s0   |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:  | Total claim                                  |
|    | From Part 4 on Schedule E/F, copy the following:  |  |
|    | 9a. Domestic support obligations (Copy line 6a.)  | \$0  |
|    | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$ <u> </u>                                  |
|    | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$0  |
|    | 9d. Student loans. (Copy line 6f.)  | \$0  |
|    | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)  | \$0  |
|    | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | + \$0  |
|    | 9g. <b>Total.</b> Add lines 9a through 9f.  | \$0  |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information page 2 of 2

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| Fill in this in           | formation to ide    | entify your case and this fi      | ling:     |  |
|---------------------------|---------------------|-----------------------------------|-----------|--|
| Debtor 1                  | MARIA LUZ N         | EVES                              |           |  |
|                           | First Name          | Middle Name                       | Last Name |  |
| Debtor 2                  |                     |                                   |           |  |
| (Spouse, if filing)       | First Name          | Middle Name                       | Last Name |  |
| United States Case number | Bankruptcy Court fo | or the: Northern District of Cali | ifomia    |  |

Check if this is an amended filing

#### Official Form 106A/B

# Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: 1639 Melody Ln Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the **Current value of the** ■ Manufactured or mobile home entire property? portion you own? 565,000 565,000 ☐ Investment property CA 95133 San Jose Describe the nature of your ownership □ Timeshare State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. fee simple Debtor 1 only Santa Clara Debtor 2 only County ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: (in Maria Luz Neves Family Trust) If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ■ Single-family home 2 vacant lots (each is acre or less in area) Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description ☐ Condominium or cooperative Current value of the Current value of the portion you own? Manufactured or mobile home entire property? Horta, Island of Fiaili 5,000 5,000 Land Investment property Azores, Portugal Describe the nature of your ownership Timeshare ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. per law of Azores. Portugal Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:

Official Form 106A/B Schedule A/B: Property Doc# 1 Filed: 05/19/17 Entered: 05/19/17 13:05:35 Case: 17-51198

| ebtor 1 | MARIA | LUZ | NE |
|---------|-------|-----|----|
|         |       |     |    |

| Case number ( | if known) |  |
|---------------|-----------|--|
|---------------|-----------|--|

| 1.3.    | Street address, if available                              |                          | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building                             | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain  | I claims on Schedule D:               |
|---------|---|--------------------------|---|--|---------------------------------------|
|         | Street address, if available                              | , or other description   | ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land   | Current value of the entire property?  | Current value of the portion you own? |
|         | City  | State ZIP Code           | Investment property Timeshare Other   | Describe the nature of interest (such as fee the entireties, or a life   | simple, tenancy by                    |
|         | County  |                          | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only  |  |                                       |
|         |   |                          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | Check if this is co (see instructions)   | mmunity property                      |
|         |   |                          | Other information you wish to add about this ite property identification number:  |  |                                       |
|         |   |                          | II of your entries from Part 1, including any entries   |  | \$ 570,000                            |
| Part 2: | Describe Your V   | /ehicles                 |   |  |                                       |
| you own | that someone else drive<br>, vans, trucks, tractors,<br>o | s. If you lease a vehicl | st in any vehicles, whether they are registered or a e, also report it on Schedule G: Executory Contracts as, motorcycles | · ·  | 5                                     |
| 3.1.    | Make:<br>Model:   | Ford<br>Escort           | Who has an interest in the property? Check one.  Debtor 1 only  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair  | d claims on Schedule D:               |
|         | Year: Approximate mileage: Other information:             | 1996<br>appx 100,000     | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                                    | A STATE OF THE PROPERTY OF THE PROPERTY OF A PROPERTY OF THE P | Current value of the portion you own? |
|         | dent in trunk   |                          | ☐ Check if this is community property (see instructions)  | \$570  | \$570                                 |
| lf you  | ı own or have more than                                   | one, describe here:      |   |  |                                       |
| 3.2.    | Make:<br>Model:   |                          | Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only  | Do not deduct secured class the amount of any secure<br>Creditors Who Have Claim   | d claims on Schedule D:               |
|         | Year: Approximate mileage: Other information:             |                          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                                    | Current value of the entire property?  | Current value of the portion you own? |
|         | Suigi information.  |                          | ☐ Check if this is community property (see instructions)  | \$   | \$                                    |
|         |   |                          |   |  |                                       |

| Debtor 1 | MARIA L |
|----------|---------|
| JUDIUI 1 |         |

.UZ NEVES Last Name

| Case number (if kn   |      |  |
|----------------------|------|--|
| Case Hulliber (if kn | own) |  |

| 3.3.     | Make:  | Who has an interest in the property? Check one.  Debtor 1 only   | Do not deduct secured cla<br>the amount of any secured  | d claims on Schedule D:   |
|----------|--|--|---|---|
|          | Model:   | Debtor 2 only  | Creditors Who Have Clain  | ns Secured by Property.   |
|          | Year:  | Debtor 1 and Debtor 2 only   | Current value of the  | Current value of th   |
|          | Approximate mileage:   | — At least one of the debtors and another  | entire property?  | portion you own?  |
|          | Other information:   |  |   |   |
|          |  | Check if this is community property (see instructions)   | \$  | \$  |
| 3.4.     | Make:  | Who has an interest in the property? Check one.  | Do not deduct secured cla   |   |
|          | Model:   | Debtor 1 only  | Creditors Who Have Clair  |   |
|          | Year:  | Debtor 2 only  | Current value of the  | Current value of th   |
|          |  | Debtor 1 and Debtor 2 only   | entire property?  | portion you own?  |
|          | Approximate mileage:   | At least one of the debtors and another  |   |   |
|          | Other information:   | ☐ Check if this is community property (see   | \$  | \$  |
|          |  | instructions)  |   |   |
|          | vio<br>Ves   | al watercraft, fishing vessels, snowmobiles, motorcycle accesso  Who has an interest in the property? Check one.   | ories  Do not deduct secured cla  | aims or exemptions. Put   |
| <b>1</b> | vio<br>Ves   |  |   | d claims on Schedule D:<br>ms Secured by Property.  |
|          | Make:<br>Model:  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Do not deduct secured clithe amount of any secure Creditors Who Have Clair  | d claims on Schedule D. ms Secured by Property.  Current value of the                     |
| 4.1.     | Make:  Model: Year: Other information:   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Te:  Who has an interest in the property? Check one. Debtor 1 only  | Do not deduct secured clithe amount of any secure Creditors Who Have Clair  | d claims on Schedule Dims Secured by Property.  Current value of the portion you own?  \$ |
| 4.1.     | Make: Other information:  u own or have more than one, list her Make: Model:                     | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Te:  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only                            | Do not deduct secured clithe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clithe amount of any secure Creditors Who Have Clair                       | d claims on Schedule D: ms Secured by Property.  Current value of th portion you own?  \$ |
| 4.1.     | Make:  Model:  Year: Other information: u own or have more than one, list her Make: Model: Year: | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  re:  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure  | d claims on Schedule D: ms Secured by Property.  Current value of th portion you own?  \$ |
| 4.1.     | Make: Other information:  u own or have more than one, list her Make: Model:                     | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Te:  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only                            | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the | d claims on Schedule Dins Secured by Property.  Current value of the portion you own?  \$ |
| 4.1.     | Make:  Model:  Year: Other information: u own or have more than one, list her Make: Model: Year: | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  re:  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the | d claims on Schedule D ms Secured by Property  Current value of t portion you own?  \$    |

Official Form 106A/B page 3 Part 3: Describe Your Personal and Household Items

Last Name

| Case number (if known) |  |
|------------------------|--|
|------------------------|--|

| Do | you own or have any legal or equitable interest in any of the following items?   | Current value of the portion you own?       |
|----|--|---|
|    |  | Do not deduct secured claims or exemptions. |
| 6. | Household goods and furnishings  |   |
|    | Examples: Major appliances, furniture, linens, china, kitchenware  |   |
|    | □ No   | 7   |
|    | Yes. Describe Misc household items   | \$3,000                                     |
| 7. | Electronics  | -   |
|    | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games |   |
|    | No no  | ٦   |
|    | Yes. Describe Television and misc electronic items   | \$ 500                                      |
| 8. | Collectibles of value  |   |
|    | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles    |   |
|    | ✓ No ☐ Yes. Describe   | \$  |
| ۵  | Equipment for sports and hobbies   |   |
| Э. | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments                                    |   |
|    | <b>⊻</b> No  | ٦   |
|    | Yes. Describe  | \$  |
| 10 | . Firearms   |   |
|    | Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No   | <b>-</b> 1                                  |
|    | Yes, Describe  | \$  |
| 11 | Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  |   |
|    | ☐ No ☐ Yes. Describe Misc clothing   | \$  |
|    |  | _   |
| 12 | . Jewelry  Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  |   |
|    | gold, silver   |   |
|    | Yes. Describe Misc bracelets and rings   | \$  |
| 13 | Non-farm animals   |   |
|    | Examples: Dogs, cats, birds, horses  |   |
|    | <b>☑</b> No  | 7   |
|    | Yes. Describe  | \$  |
| 14 | Any other personal and household items you did not already list, including any health aids you did not list  |   |
|    | ☐ Yes. Give specific   | ٦   |
|    | information  | \$  |
| 15 | i. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here   | \$ 9,530                                    |
| L  |  |   |

Official Form 106A/B Schedule A/B: Property page 4 

| _  |    |    |   |    |
|----|----|----|---|----|
| n, | ٠h | ٠. | • | 4  |
| U  | зD | LU | r | -1 |

Part 4:

MARIA LUZ NEVES

Middle Name

17.5. Certificates of deposit:

17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account:

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

18. Bonds, mutual funds, or publicly traded stocks

**Describe Your Financial Assets** 

Last Name

| Case number (if kni | own) |  |
|---------------------|------|--|
|                     |      |  |

| Do you own or have any        | legal or equitable interest i    | n any of the following?  |                             | Current va<br>portion yo<br>Do not deduc<br>or exemption | u own?<br>ct secured claims |
|-------------------------------|----------------------------------|--|-----------------------------|--|-----------------------------|
| 16. Cash  Examples: Money you | have in your wallet, in your h   | ome, in a safe deposit box, and on hand v                            | when you file your petition |  |                             |
| □ No                          |                                  | , <del></del>  |                             |  |                             |
| <b>☑</b> Yes                  |                                  |  | Cash:                       | . \$   | \$ 50                       |
| and other s ☐ No ☑ Yes        | ımılar institutions. II you nave | multiple accounts with the same institution limits institution name: | ni, noi edeli.              |  |                             |
|                               | 17.1. Checking account:          | Citibank (Social Security deposit                                    | s)                          | . \$   | 5,700                       |
|                               | 17.2. Checking account:          |  |                             | . \$   |                             |
|                               | 17.3. Savings account:           | Citibank   |                             | . \$   | 250                         |
|                               | 17.4. Savings account:           |  |                             | <b>.</b> \$  |                             |

| <b>⊻</b> No<br>□ Yes | Institution or issuer name: |    |
|----------------------|-----------------------------|----|
|                      |                             | \$ |
|                      |                             | \$ |
|                      |                             | •  |

Payment from Transamerica Life Ins

an LLC, partnership, and joint venture M No Name of entity: % of ownership: ☐ Yes. Give specific information about

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in

Official Form 106A/B

\$\_\_\_\_\_1,261

| Debtor | 1 |
|--------|---|
|--------|---|

MARIA LUZ NEVES Case number (if known)\_ First Name Middle Name Last Name

|             | ······································ |  |                |
|-------------|--|--|----------------|
|             |  | prate bonds and other negotiable and non-negotiable instruments  |                |
|             |  | include personal checks, cashiers' checks, promissory notes, and money orders.  ents are those you cannot transfer to someone by signing or delivering them.   |                |
| <b>☑</b> N  | 0                                      |  |                |
| ☐ Ye<br>int | es. Give specific formation about      | Issuer name:   | •              |
| th          | em                                     |  | \$             |
|             |  | · · · · · · · · · · · · · · · · · · ·  | - \$ <u></u>   |
|             |  | **************************************   | <b>_</b> \$    |
| 21. Retire  | ement or pension                       | accounts   |                |
|             | •                                      | RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing p  | ans            |
| <b>⊠</b> N  | 0                                      |  |                |
| □ Y         | es. List each                          |  |                |
| a           | ccount separately.                     | Type of account: Institution name:   |                |
|             |  | 401(k) or similar plan:  | <u> </u>       |
|             |  | Pension plan:  | \$             |
|             |  |  |                |
|             |  | IRA:   |                |
|             |  | Retirement account:  | <u> </u>       |
|             |  | Keogh:   | \$             |
|             |  | Additional account:  | \$             |
|             |  | Additional account:  | \$             |
|             |  |  |                |
| 22 Secu     | rity deposits and p                    | prenayments  |                |
|             |  | d deposits you have made so that you may continue service or use from a company  |                |
| Exam        | nples: Agreements v                    | with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  |                |
| ,           | oanies, or others                      |  |                |
| <b>∑</b> N  |  |  |                |
| ЧY          | 'es                                    | Institution name or individual:  |                |
|             |  | Electric:  | —              |
|             |  | Gas:   | <del></del> \$ |
|             |  | Heating oil:   | <b>_</b> \$    |
|             |  | Security deposit on rental unit:   | <b>-</b> \$    |
|             |  | Prepaid rent:  | — \$           |
|             |  | Telephone:   | •              |
|             |  | Water:   | _ •            |
|             |  | Rented furniture:  | — \$ <u> </u>  |
|             |  | Other:   | <b>_</b> \$    |
|             |  |  | <del></del> \$ |
| <b></b>     |  | and a state of the second of t |                |
| _           |  | or a periodic payment of money to you, either for life or for a number of years)   |                |
| <b>₫</b> N  |  |  |                |
| <b>⊔</b> Y  | 'es                                    | Issuer name and description:   |                |
|             |  | 20 C - 10 A Martine (part of a series of 10 and 10  | \$             |
|             |  |  | <u> </u>       |
|             |  |  | \$ <u></u>     |

Official Form 106A/B Schedule A/B: Property page 6 Case: 17-51198 Doc# 1 Filed: 05/19/17 Entered: 05/19/17 13:05:35 Page 15 of 53

| Debtor | 4  |  |
|--------|----|--|
| Deptor | -1 |  |

MARIA LUZ NEVES
First Name Middle Name

|   | - | - |   |   | - |   |   |   |
|---|---|---|---|---|---|---|---|---|
| - | _ | - | _ | - | _ | _ | _ | - |
|   |   |   |   |   |   |   |   |   |

Last Name

| Case number (if known) |
|------------------------|
|------------------------|

| 24. Interests in an education IRA, in an accordance 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(   |  | ta tuitian nua  | l l   |
|---|--|---|---|
|   |  | te tuition program.   |   |
| W/T   | D)(1).   |   |   |
| <b>☑</b> No   |  |   |   |
| Yes Institution i   | name and description. Separately file the records of any intere  | ests.11 U.S.C. § 521(c):  |   |
|   |  |   |   |
| <del></del>   |  |   | \$  |
|   |  |   | \$  |
|   |  |   | \$  |
|   |  |   |   |
|   | property (other than anything listed in line 1), and rights or   | r powers  |   |
| exercisable for your benefit  |  |   |   |
| □ No  |  |   |   |
|   | Neves Family Trust (10/29/14) - all assets disclosed el  |   |   |
| information about them Schedule   | A/B, such as 1639 Melody Ln, San Jose CA. The trust  | has no other value  | \$ <u> </u>                                 |
| <u> </u>  |  |   | <b>l</b><br>!                               |
| 26. Patents, copyrights, trademarks, trade  |  |   |   |
|   | es, proceeds from royalties and licensing agreements   |   |   |
| <b>☑</b> No   |  |   |   |
| ☐ Yes. Give specific  | AMAMMAN AND AND AND AND AND AND AND AND AND A  |   |   |
| information about them  |  |   | \$  |
|   | - Land Company |   | l   |
| 27. Licenses, franchises, and other general   | l intangibles  |   |   |
| -   | nses, cooperative association holdings, liquor licenses, profes  | sional licenses   |   |
| <b>⊠</b> No   |  |   |   |
|   |  |   | 1   |
| Yes, Give specific information about them   |  |   | s   |
| momation about them   |  |   | _   |
| Manage or meanage aread to you?   |  |   |   |
| Money or property owed to you?  |  |   | Current value of the portion you own?       |
|   |  |   |   |
|   |  |   | Do not deduct secured                       |
|   | ·  |   |   |
| 28. Tax refunds owed to you   |  | 4 - 1   | Do not deduct secured                       |
|   |  |   | Do not deduct secured                       |
| <b>☑</b> No   |  |   | Do not deduct secured                       |
|   |  | Federal:  | Do not deduct secured                       |
| No Yes. Give specific information about them, including whether you already filed the returns   |  | Federal: State: S   | Do not deduct secured                       |
| <ul><li>✓ No</li><li>☐ Yes. Give specific information about them, including whether</li></ul>   |  |   | Do not deduct secured                       |
| No Yes. Give specific information about them, including whether you already filed the returns   |  | State:  | Do not deduct secured                       |
| No Yes. Give specific information about them, including whether you already filed the returns and the tax years   |  | State:  | Do not deduct secured                       |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  |  | State: S<br>Local: S  | Do not deduct secured claims or exemptions. |
| No Yes. Give specific information about them, including whether you already filed the returns and the tax years   | , spousal support, child support, maintenance, divorce settlem   | State: S<br>Local: S  | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | , spousal support, child support, maintenance, divorce settlem   | State: S<br>Local: S  | Do not deduct secured claims or exemptions. |
| No Yes. Give specific information about them, including whether you already filed the returns and the tax years   | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S nent, property settlemen  | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S nent, property settlement   | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S ment, property settlement Alimony: Maintenance:   | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S nent, property settlement Alimony: Maintenance: Support:  | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S nent, property settlement Alimony: Maintenance: Support: Divorce settlement:                      | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S nent, property settlement Alimony: Maintenance: Support:  | Do not deduct secured claims or exemptions. |
| No □ Yes. Give specific information about them, including whether you already filed the returns and the tax years   | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S nent, property settlement Alimony: Maintenance: Support: Divorce settlement:                      | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S ment, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S ment, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S ment, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S ment, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Do not deduct secured claims or exemptions. |
| No  Yes. Give specific information about them, including whether you already filed the returns and the tax years.  29. Family support  Examples: Past due or lump sum alimony  No  Yes. Give specific information | , spousal support, child support, maintenance, divorce settlem   | State: S Local: S ment, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Do not deduct secured claims or exemptions. |

| _ | •  | h  | - | 4 |
|---|----|----|---|---|
|   | le | O. | Ю |   |

| MARIA LU | Z NEVES     |           | Case number (# |
|----------|-------------|-----------|----------------|
| rst Name | Middle Name | Last Name |                |

|     | Interests in insurance policies  Examples: Health, disability, or life insurance  | ce; health savings account (HSA); cre  | edit, homeowi    | ner's, or renter's insurance   |  |
|-----|---|--|------------------|--|--|
|     | Ū, No   |  |                  |  |  |
|     | Yes. Name the insurance company of each policy and list its value   | Company name:  |                  | Beneficiary:   | Surrender or refund value:   |
|     |   | United/Omaha Life Insurance  |                  |  | \$ <u>14,500</u>   |
|     |   |  |                  | _  | \$   |
|     |   |  |                  |  | \$   |
| ••  | Am. Internal in manager that is due you   | from company who has died  |                  |  |  |
| 32. | Any interest in property that is due you all fyou are the beneficiary of a living trust, exproperty because someone has died.  No | rrom someone who has died<br>xpect proceeds from a life insurance  | policy, or are   | currently entitled to receive  |  |
|     | ☐ Yes. Give specific information  |  |                  |  |  |
|     |   |  |                  |  | \$   |
| 33. | Claims against third parties, whether or Examples: Accidents, employment disputes No  |  | de a demand      | I for payment  | 1  |
|     | Yes. Describe each claim  |  |                  |  | \$   |
| 34. | Other contingent and unliquidated claim to set off claims  No   | s of every nature, including count   | erclaims of t    | he debtor and rights   |  |
|     | Yes. Describe each claim.   |  |                  |  | ]  |
|     | L   |  |                  | and the second s | J \$   |
| 35. | Any financial assets you did not already  No  Yes. Give specific information  | list   |                  |  | ] \$   |
| 36  | Add the dollar value of all of your entrie for Part 4. Write that number here   | s from Part 4, including any entrie  | s for pages y    | /ou have attached  | ş21,761  |
|     |   | and the court of t |                  |  |  |
| Pá  | nrt 5: Describe Any Business-   | Related Property You Own   |                  |  | eal estate in Part 1.  |
| 37  | Do you own or have any legal or equital   | ole interest in any business-related   | d property?      |  |  |
|     | No. Go to Part 6.   | •  |                  |  |  |
|     | Yes. Go to line 38.   |  |                  |  | :  |
|     |   |  |                  |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 38  | Accounts receivable or commissions yo   | ou already earned  |                  |  |  |
|     | Yes. Describe   |  |                  |  | ]  |
|     |   |  |                  |  | \$   |
| 39  | Office equipment, furnishings, and sup Examples: Business-related computers, software   |  | s, rugs, telepho | ones, desks, chairs, electronic devices  |  |
|     | Yes. Describe   |  |                  |  | <b>]</b>   |
|     |   |  |                  |  | <u></u>  |

Official Form 106A/B Schedule A/B: Property page 8
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| Debtor 1 |
|----------|
|----------|

MARIA LUZ NEVES

First Name Middle Name Last Name

| Case number (if known)  |  |
|-------------------------|--|
| Case Hulliber (/rknown) |  |

| 40. <b>Machinery, fixtures, e</b>  | quipment, supplies you use in business, and tools of your trade   |   |
|--|---|---|
| No   |   | 1   |
| Yes. Describe  |   | \$  |
| 41. Inventory  |   |   |
| No Yes. Describe   |   | 1   |
| Tes. Describe  |   | P   |
| 42.Interests in partnersh  | ips or joint ventures   |   |
| No No  |   |   |
| Yes. Describe  |   |   |
|  | %<br>   | \$<br>\$                                    |
|  | %   | \$  |
|  | g lists, or other compilations  |   |
| ₩ No   | include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?   |   |
| □ Yes. Do your lists   | include personally identifiable information (as delined in 11 0.5.0. § 101(41A))?   |   |
| ☐ Yes. Desc  | ribe  | <b>]</b> \$                                 |
|  |   |   |
| 44. Any business-related   | property you did not already list   |   |
| ☐ Yes. Give specific   |   | \$  |
| information  |   | \$  |
|  |   | \$  |
|  |   | \$  |
|  |   | \$  |
|  |   | \$  |
| 1  | of all of your entries from Part 5, including any entries for pages you have attached   | \$0   |
| Torrare 3. Write that  |   |   |
|  |   |   |
| Part 6: Describe A If you own o  | ny Farm- and Commercial Fishing-Related Property You Own or Have an Interest In<br>r have an interest in farmland, list it in Part 1. | ) <b>.</b>                                  |
| to De vou come as house  |   |   |
| No. Go to Part 7.  | ny legal or equitable interest in any farm- or commercial fishing-related property?   |   |
| Yes. Go to line 47.  |   | ilia di walio a deneralia.                  |
|  |   | Current value of the portion you own?       |
| The state of the s |   | Do not deduct secured claims or exemptions. |
| 47. Farm animals  Examples: Livestock.   | poultry, farm-raised fish   |   |
| <b>☑</b> No  | · · · · · · · · · · · · · · · · · · ·   |   |
| ☐ Yes  |   |   |
| La displacation of the Control of th |   | J \$  |

Official Form 106A/B Schedule A/B: Property page 9 

MARIA LUZ NEVES
First Name Middle Name Last Name

| Case number (if known) |  |  |
|------------------------|--|--|

| 48. Crops—either growing or harvested  |  |  |  |
|--|--|--|--|
| ₫ No   |  |  | 1  |
| Yes. Give specific information   |  |  | <br>  s  |
| 49. Farm and fishing equipment, implements, machinery, fixture   | es and tools of trade  |  | J *  |
| ☑ No   | oo, and tools of trade   |  |  |
| ☐ Yes  |  |  |  |
|  |  |  | \$   |
| 50. Farm and fishing supplies, chemicals, and feed   |  |  |  |
| <ul><li>✓ No</li><li>☐ Yes</li></ul>   |  |  | 1  |
| 100  |  |  | \$   |
| 51. Any farm- and commercial fishing-related property you did  | not already list   |  | J *  |
| ☑ No   |  |  | _  |
| Yes. Give specific information   |  |  | •  |
| L  |  |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| 52. Add the dollar value of all of your entries from Part 6, include for Part 6. Write that number here  |  |  | \$0  |
|  | and the state of t | and a rock of recovery decoration of the continuous decorations of the continuous decorations decorations decorations decorations decorated by the continuous decoration decorated by the continuou |  |
| Part 7: Describe All Property You Own or Have  | an Interest in That  | You Did Not List Above   |  |
| So Double have although the state of the sta |  |  |  |
| 53. Do you have other property of any kind you did not already<br>Examples: Season tickets, country club membership  | list?  |  |  |
| <b>₫</b> No  |  |  | _  |
| Yes. Give specific information   |  |  | \$   |
|  |  | •  | \$<br>\$   |
| WHICH IN THE PROPERTY OF THE P |  |  | ,  |
| 54. Add the dollar value of all of your entries from Part 7. Write   | that number here   | <b></b>  | \$0  |
|  |  |  |  |
| Part 8: List the Totals of Each Part of this Forn  | n  |  |  |
| 55. Part 1: Total real estate, line 2  |  | <b>→</b>   | \$570,000  |
| 56. Part 2: Total vehicles, line 5   | \$570  |  | have also as a service of the state of the s |
| 57. Part 3: Total personal and household items, line 15  | \$9,530  |  |  |
| 58. Part 4: Total financial assets, line 36  | \$21,761   |  |  |
| 59. Part 5: Total business-related property, line 45   | \$0  |  |  |
| 60. Part 6: Total farm- and fishing-related property, line 52  | \$0  |  |  |
| 61. Part 7: Total other property not listed, line 54   | +\$0   |  |  |
| 62. Total personal property. Add lines 56 through 61   | \$31,861   | Copy personal property total ->  | + <sub>\$</sub> 31,861   |
| -  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | ***************************************  |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62   |  |  | 601,861  |
| The Oz   |  |  | <u> </u>   |

Official Form 106A/B Schedule A/B: Property page 10

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| Fill in this inf       | ormation to identify      | your case:        |                 |  |
|------------------------|---------------------------|-------------------|-----------------|--|
| Debtor 1               |                           |                   |                 |  |
|                        | First Name                | Middle Name       | Last Name       |  |
| Debtor 2               |                           |                   |                 |  |
| (Spouse, if filing)    | First Name                | Middle Name       | Last Name       |  |
| United States E        | Sankruptcy Court for the: | Northern District | t of California |  |
| Case number (if known) |                           |                   | <del></del>     |  |

Check if this is an amended filing

#### Official Form 106C

# Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| art 1: | Identify 1 | the | <b>Property</b> | You | Claim | as | Exempt |
|--------|------------|-----|-----------------|-----|-------|----|--------|
|--------|------------|-----|-----------------|-----|-------|----|--------|

| Brief<br>descriptio   |                           | Copy the value from<br>Schedule A/B | Check only one box for each exemption.                            |           |  |
|-----------------------|---------------------------|-------------------------------------|---|-----------|--|
|                       |                           | Concusio / CD                       | •   |           |  |
|                       | on: 1639 Melody Ln        | \$565,000                           | · <del>_ · · · · · · · · · · · · · · · · · ·</del>                | CCP §704  |  |
| Line from<br>Schedule | ı.                        |                                     | ☐ 100% of fair market value, up to any applicable statutory limit | .720/.920 |  |
| Brief<br>description  | on: 2 vacant lots (each i | \$5,000                             | · _ · · · · · · · · · · · · · · · · · ·                           |           |  |
| Line from<br>Schedule | 1.2                       |                                     | ☐ 100% of fair market value, up to any applicable statutory limit |           |  |
| Brief<br>description  | on: Ford                  | \$570                               | <b>⊻</b> \$570_   | CCP §704  |  |
| Line from<br>Schedule | A/B: <u>3.1</u>           |                                     | ☐ 100% of fair market value, up to any applicable statutory limit | .010      |  |

Official Form 106C Schedule C: The Property You Claim as Exempt

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MARIA LUZ NEVES

Firet Name

Middle Nan

Last Name

### Part 2: Additional Page

Official Form 106C

| Brief description Schedule A | on of the property and line<br>/B that lists this property | Current value of the portion you own | Amount of the exemption you claim                                 | Specific laws that allow exemption |
|------------------------------|--|--------------------------------------|---|------------------------------------|
|                              |  | Copy the value from Schedule A/B     | Check only one box for each exemption                             |                                    |
| Brief description:           | Misc household items                                       | \$3,000                              | <b>v</b> s 3,000  | CCP §704                           |
| Line from Schedule A/B:      | 6  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit | .020                               |
| Brief<br>description:        | Television and misc e                                      | \$500                                | <b>5</b> 00   | CCP §704                           |
| Line from<br>Schedule A/B:   | 7  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit | .020                               |
| Brief description:           | Misc clothing  | \$30                                 | <b>⊻</b> \$30   | CCP §704                           |
| Line from<br>Schedule A/B:   | 11   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit | .020                               |
| Brief description:           | Misc bracelets and ri                                      | \$6,000                              | <b>⊻</b> \$6,000_   | CCP §704                           |
| Line from<br>Schedule A/B:   | 12   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit | .040                               |
| Brief<br>description:        | Citibank (Social Secu                                      | \$5,700                              | <b>5</b> ,700   | CCP §704                           |
| Line from<br>Schedule A/B:   | <u>17.1</u>  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit | .000                               |
| Brief description:           | Citibank   | \$ 250                               | <b></b>   |                                    |
| Line from Schedule A/B:      | 17.3   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:           | Payment from Transame                                      | \$1,261                              | <b>\$</b>   |                                    |
| Line from Schedule A/B:      | 17.6   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:        | Cash   | \$50                                 | <b></b>   |                                    |
| Line from<br>Schedule A/B:   | 16   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:           | Maria Luz Neves Famil                                      | \$0                                  | <b>\_</b> \$  |                                    |
| Line from<br>Schedule A/B:   | 25   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:           | United/Omaha Life Ins                                      | \$14,500                             | <b>⊻</b> \$12,800   | CCP §704                           |
| Line from<br>Schedule A/B:   | 31.1   |                                      | 100% of fair market value, up to any applicable statutory limit   | .100                               |
| Brief<br>description:        |  | \$                                   | <b></b> s   |                                    |
| Line from<br>Schedule A/B:   |  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:           |  | \$                                   | <b>□</b> \$   |                                    |
| Line from Schedule A/B:      |  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |

Schedule C: The Property You Claim as Exempt page 2 of 2

| Fill in this in        | formation to id    | entify your case:            |              |  |
|------------------------|--------------------|------------------------------|--------------|--|
| Debtor 1               | MARIA LUZ          | NEVES                        |              |  |
|                        | First Name         | Middle Name                  | Last Name    |  |
| Debtor 2               |                    |                              |              |  |
| (Spouse, if filing)    | First Name         | Middle Name                  | Last Name    |  |
| United States E        | Sankruptcy Court f | or the: Northern District of | f California |  |
| Case number (If known) |                    |                              |              |  |

☐ Check if this is an amended filing

### Official Form 106D

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

Q No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

| Part 1: List All Secured Claims  |   |                      |                        |
|--|---|----------------------|------------------------|
| for each claim. If more than one creditor h As much as possible, list the claims in alpl   | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name.              | value of collateral. |                        |
| 2.1 Seterus Inc  | Describe the property that secures the claim:   | \$373,512            | \$ 565,000 <b>\$</b> 0 |
| Creditor's Name PO Box 1077 Number Street  | Residence   |                      |                        |
| Hartford CT 06143  | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |                      |                        |
| City State ZIP Code  | ☐ Disputed  |                      |                        |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.   |                      |                        |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt           | An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset) | _                    |                        |
| Date debt was incurred   | Last 4 digits of account number 2 4 0 9   |                      |                        |
| 2.2  | Describe the property that secures the claim:   | \$                   | \$\$                   |
| Creditor's Name  |   | 7                    |                        |
| Number Street  | -   |                      |                        |
|  | As of the date you file, the claim is: Check all that apply  Contingent Unliquidated  |                      |                        |
| City State ZiP Code  | ☐ Disputed  |                      |                        |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.   |                      |                        |
| ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset) | _                    | ,                      |
| Date debt was incurred   | Last 4 digits of account number   |                      |                        |
| Add the dollar value of your entries in  | Column A on this page. Write that number here:  | \$ <u>373.512</u>    |                        |

| Debtor 1 |  |
|----------|--|
|----------|--|

MARIA LUZ NEVES

| irst Name     | Middle Name | Last Nan |
|---------------|-------------|----------|
| **** ** *** * |             |          |

| Case number | (if known) |  |  |
|-------------|------------|--|--|
|-------------|------------|--|--|

| Part 2:     | List Others to Be Notified for a Debt That You Already Listed   |
|-------------|---|
|             |   |
| Use this pa | age only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection |

agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor?  $\frac{2.1}{}$ 0.1 The Mortgage Law Firm PLC Last 4 digits of account number  $\frac{0}{6}$  5 5 Name 41689 Enterprise Cir North #228 Number Street Temecula CA 92590 City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_ Last 4 digits of account number \_\_\_ \_\_\_ Name Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_ Name Last 4 digits of account number \_\_\_ \_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_ Name Last 4 digits of account number \_\_\_ \_\_ \_\_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_ Last 4 digits of account number \_\_\_ \_ \_ Name Number Street City ZIP Code On which line in Part 1 did you enter the creditor? \_ Name Last 4 digits of account number \_\_\_ \_ \_ Number Street ZIP Code City

| Debtor 1            | MARIA LUZ           | NEVES                     |                      |  |
|---------------------|---------------------|---------------------------|----------------------|--|
|                     | First Name          | Middle Name               | Last Name            |  |
| Debtor 2            |                     |                           |                      |  |
| (Spouse, if filing) | First Name          | Middle Name               | Last Name            |  |
| United States E     | Bankruptcy Court fo | or the: Northern District | of <u>California</u> |  |

Check if this is an amended filing

### Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| any | additional pages, write your name and case nur  | nber (if known).  |                             |   | •                                |   |
|-----|---|---|-----------------------------|---|----------------------------------|---|
| Pai | t 1: List All of Your PRIORITY Unsecure   | d Claims  |                             |   |                                  |   |
| 2.  | each claim listed, identify what type of claim it is. If a<br>nonpriority amounts. As much as possible, list the c  | editor has more than one priority unsecured claim, list the claim has both priority and nonpriority amounts, list the laims in alphabetical order according to the creditor's napart 1. If more than one creditor holds a particular claim  | at claim hei<br>ime. If you | re and show be<br>have more tha<br>ner creditors in | oth priority and in two priority |   |
| 2.1 | Priority Creditor's Name  | Last 4 digits of account number   | \$                          | <b> \$</b>  | \$                               |   |
|     | City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify |                             |   |                                  |   |
| 2.2 | Priority Creditor's Name  Number Street   | When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  | ·                           | \$  | <b></b> \$                       | • |
|     | City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  |                             |   |                                  |   |

| _ |   |    |   |   |
|---|---|----|---|---|
| n | 0 | D. | n | - |
|   |   |    |   |   |

MARIA LUZ NEVES

|         |  |   | _     | _  | •  | ••• | _   | ٠  | - |
|---------|--|---|-------|----|----|-----|-----|----|---|
| First N |  | _ | <br>_ | Mi | dd | e N | lar | ne | , |

|  | Nar |  |
|--|-----|--|
|  |     |  |

| Case number | (if known) |  |
|-------------|------------|--|
|             |            |  |

| Part    | List All of Your NONPRIORITY Unsecured Claims                            |  |
|---------|--|--|
|         | No. You have nothing to report in this part. Submit this form to the Yes |  |
| n<br>ir | onpriority unsecured claim, list the creditor separately for each claim. | rder of the creditor who holds each claim. If a creditor has more than one For each claim listed, identify what type of claim it is. Do not list claims already st the other creditors in Part 3.If you have more than three nonpriority unsecured |
|         |  | <b>表现的包含的</b>  |
| .1      | Citibank   | Last 4 digits of account number 4 7 8 6 4,000  |
|         | Nonpriority Creditor's Name PO Box 6500                                  | When was the debt incurred?  |
|         | Number Street Sioux Falls SD 57188                                       |  |
|         | City State ZIP Code  | As of the date you file, the claim is: Check all that apply.   |
|         |  | Contingent   |
|         | Who incurred the debt? Check one.  Debtor 1 only                         | ☐ Unliquidated ☐ Disputed  |
|         | Debtor 2 only  | - Disputed   |
|         | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |
|         | At least one of the debtors and another                                  | ☐ Student loans  |
|         | ☐ Check if this claim is for a community debt                            | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |
|         | Is the claim subject to offset?  ☑ No                                    | ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit card   |
|         | ₩ No □ Yes   | Other. Specify Credit card   |
|         |  |  |
| 1.2     | Nonpriority Creditor's Name  | Last 4 digits of account number \$ When was the debt incurred?   |
|         | Nonpriority Creditor's Name  | When was the dest mounted?   |
|         | Number Street  | As of the date you file, the claim is: Check all that apply.   |
|         | City State ZIP Code  | Contingent   |
|         | Who incurred the debt? Check one.  | ☐ Unliquidated ☐ Disputed  |
|         | Debtor 1 only Debtor 2 only  | - Disputed   |
|         | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |
|         | At least one of the debtors and another                                  | ☐ Student loans  |
|         | ☐ Check if this claim is for a community debt                            | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |
|         | Is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts  |
|         | □ No   | U Other. Specify   |
|         | ☐ Yes  |  |
| 4.3     | Nonpriority Creditor's Name  | Last 4 digits of account number \$   |
|         | Templating Gradies of Hallie   | When was the debt incurred?  |
|         | Number Street  |  |
|         | City State ZIP Code  | As of the date you file, the claim is: Check all that apply.   |
|         | Who incurred the debt? Check one.  | Contingent   |
|         | Debtor 1 only  | ☐ Unliquidated☐ Disputed   |
|         | Debtor 2 only  |  |
|         | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |
|         | _  | Student loans  |
|         | Check if this claim is for a community debt                              | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul>  |
|         | Is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts  |
|         | Yes  | Other. Specify   |
|         |  |  |

Debtor 1

MARIA LUZ NEVES

Middle Name

Last Name

Case number (if known)

4,000

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total claim |       |
|--------------|-----|---|-----|-------------|-------|
| Total claims | 6a. | Domestic support obligations  | 6a. | \$          | 0     |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$          | 0     |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0     |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | +\$         | 0     |
|              | 6e. | Total. Add lines 6a through 6d.   | 6e. | \$          | 0     |
|              |     |   |     | Total claim | -     |
| Total claims | 6f. | Student loans   | 6f. | \$          | 0     |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0     |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0     |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | + \$        | 4,000 |

6j. Total. Add lines 6f through 6i.

| Fill in this ir                            | nformation to ide  | ntify your cas   | se:  |                   |           |                                       |                 |                   |                                    |
|--|--|--|--|-------------------|-----------|---------------------------------------|-----------------|-------------------|------------------------------------|
| Debtor                                     | MARIA LUZ N  |  |  |                   |           | _                                     |                 |                   |                                    |
| Debtor 2                                   | First Name   | Middle N   | Name   | Last Name         |           |                                       |                 |                   |                                    |
| (Spouse If filing)                         |  | Middle f   |  | Last Name         |           |                                       |                 |                   |                                    |
| United States                              | Bankruptcy Court for   | r the: Northern  | District of _  | California        |           |                                       |                 |                   |                                    |
| Case number<br>(If known)                  |  |  |  | <del></del>       |           |                                       |                 |                   | Check if this is an amended filing |
| Official I                                 | Form 1060  | 3  |  |                   |           |                                       |                 |                   |                                    |
| ched                                       | ule G: Ex  | —<br>cecuto:   | ry Con   | tracts an         | d U       | nexpi                                 | red Lea         | ases              | 12/15                              |
| nformation.<br>dditional pa<br>1. Do you l | If more space is a ges, write your n have any executo Check this box and | needed, copy<br>name and case<br>ory contracts<br>d file this form | the addition<br>onumber (if<br>or unexpire-<br>with the cour | •                 | numbe     | e <b>r the entrie</b><br>. You have r | s, and attach i | t to this page.   | On the top of any                  |
| 2. List sepa                               | arately each pers  | on or compar   | ny with who  | m you have the co | ontract o | or lease. Th                          | en state what   | each contract     |                                    |
| Person                                     | or company with  | whom you ha  | ave the cont   | tract or lease    |           | State v                               | hat the contra  | act or lease is f | or                                 |
| 2.1  |  |  |  |                   |           |                                       |                 |                   |                                    |
| Name                                       |  |  |  |                   | —         |                                       |                 |                   |                                    |
| Number                                     | Street   |  |  |                   |           |                                       |                 |                   |                                    |
| City                                       |  | Diete  | 7ID Code   |                   |           |                                       |                 |                   |                                    |
|  |  | State  | ZIP Code   |                   |           |                                       |                 |                   |                                    |
| .2<br>Name                                 |  |  |  |                   |           |                                       |                 |                   |                                    |
|  |  |  |  |                   |           |                                       |                 |                   |                                    |
| Number                                     | Street   |  |  |                   |           |                                       |                 |                   |                                    |
| City                                       |  | State  | ZIP Code   |                   |           |                                       |                 |                   |                                    |
| Name                                       |  |  |  |                   |           |                                       |                 |                   |                                    |
| Name                                       |  |  |  |                   |           |                                       |                 |                   |                                    |
| Number                                     | Street   |  |  |                   |           |                                       |                 |                   |                                    |
| City                                       |  | State  | ZIP Code   |                   |           |                                       |                 |                   |                                    |
| 2.4  |  |  |  |                   |           |                                       |                 |                   |                                    |
| Name                                       |  |  |  |                   |           |                                       |                 |                   |                                    |
| Number                                     | Street   |  |  |                   |           |                                       |                 |                   |                                    |
| City                                       |  | State  | ZIP Code   |                   |           |                                       |                 |                   |                                    |
| 2.5  |  |  |  |                   |           |                                       |                 |                   |                                    |
| Name                                       |  |  |  |                   |           |                                       |                 |                   |                                    |
|  |  |  |  |                   |           |                                       |                 |                   |                                    |

Official Form 106G Schedule G: Executory Contracts and Unexpired Leases Case: 17-51198 Doc# 1 Filed: 05/19/17 Entered: 05/19/17 13:05:35 Page 27 of 53

City

State

ZIP Code

| Fill in this information to identify your case: |   |                        |           |  |  |  |  |  |
|---|---|------------------------|-----------|--|--|--|--|--|
| Debtor 1  | MARIA LU<br>First Name  | Z NEVES<br>Middle Name | Last Name |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 | First Name  | Middle Name            | Last Name |  |  |  |  |  |
| United States E                                 | United States Bankruptcy Court for the: Northern District of California |                        |           |  |  |  |  |  |
| Case number<br>(If known)                       |   |                        |           |  |  |  |  |  |

☐ Check if this is an amended filing

## Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| Ų                 | o you have any codebtors? (If you are filing<br>I No<br>I Yes   | g a joint case, do not                 | l list either spouse a                              | s a codebtor.)  |
|-------------------|---|--|---|---|
| V                 |   | community propert                      | t <b>y state or territory</b><br>o Rico, Texas, Was | ? (Community property states and territories include hington, and Wisconsin.)   |
|                   | No. Go to line 3. Yes. Did your spouse, former spouse, or   | legal equivalent live                  | with you at the time?                               | ?   |
|                   | <ul><li>✓ No</li><li>☐ Yes. In which community state or territ</li></ul>  | itory did you live?                    |   | . Fill in the name and current address of that person.  |
|                   | Name of your spouse, former spouse, or legal ed   | quivalent                              |   | _   |
|                   | Number Street   |  |   | _   |
|                   | City  | State                                  | ZIP Code  | -   |
| 5                 | hown in line 2 again as a codebtor only i<br>chedule D (Official Form 106D), Schedul<br>chedule E/F, or Schedule G to fill out Co                                   | e <i>E/F</i> (Official Form<br>lumn 2. | 106E/F), or Sched                                   | er. Make sure you have listed the creditor on lule G (Official Form 106G). Use Schedule D,  |
| 9                 | chedule D (Official Form 106D), Schedul   | e <i>E/F</i> (Official Form<br>lumn 2. | uarantor or cosign<br>106E/F), or Sched             | lule G (Official Form 106G). Use Schedule D,  |
| S .               | chedule D (Official Form 106D), Schedul<br>chedule E/F, or Schedule G to fill out Co<br>Column 1: Your codebtor   | e <i>E/F</i> (Official Form<br>lumn 2. | 106E/F), or Sched                                   | lule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the d  |
| \$ <b>6 6 6 7</b> | chedule D (Official Form 106D), Schedule<br>Schedule E/F, or Schedule G to fill out Co<br>Column 1: Your codebtor   | e <i>E/F</i> (Official Form<br>lumn 2. | 106E/F), or Sched                                   | Column 2: The creditor to whom you owe the d  Check all schedules that apply:   |
| S .               | chedule D (Official Form 106D), Schedul<br>chedule E/F, or Schedule G to fill out Co<br>Column 1: Your codebtor   | e <i>E/F</i> (Official Form<br>lumn 2. | 106E/F), or Sched                                   | Column 2: The creditor to whom you owe the d  Check all schedules that apply:   |
| \$ <b>6 6 6 7</b> | chedule D (Official Form 106D), Schedule chedule E/F, or Schedule G to fill out Co  Column 1: Your codebtor   | e <i>E/F</i> (Official Form<br>lumn 2. | 106E/F), or Sched                                   | Column 2: The creditor to whom you owe the d Check all schedules that apply:  Schedule D, line  Schedule E/F, line  |
|                   | Schedule D (Official Form 106D), Schedule Schedule E/F, or Schedule G to fill out Co  Column 1: Your codebtor  Name  Number Street                                  | e <i>E/F</i> (Official Form            | 106E/F), or Sched                                   | Column 2: The creditor to whom you owe the d Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  |
| 1                 | Schedule D (Official Form 106D), Schedule Schedule E/F, or Schedule G to fill out Co  Column 1: Your codebtor  Name  Number Street                                  | e <i>E/F</i> (Official Form            | 106E/F), or Sched                                   | Column 2: The creditor to whom you owe the d Check all schedules that apply:  Schedule D, line  Schedule E/F, line  |
| 1                 | chedule D (Official Form 106D), Schedule Chedule E/F, or Schedule G to fill out Co  Column 1: Your codebtor  Name  Number Street  City                              | e <i>E/F</i> (Official Form            | 106E/F), or Sched                                   | Column 2: The creditor to whom you owe the d Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  |
| 1                 | chedule D (Official Form 106D), Schedule Chedule E/F, or Schedule G to fill out Co  Column 1: Your codebtor  Name  Number Street  City                              | e <i>E/F</i> (Official Form            | 106E/F), or Sched                                   | Column 2: The creditor to whom you owe the d Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line                                       |
| 1 2               | Cchedule D (Official Form 106D), Schedule Cchedule E/F, or Schedule G to fill out Co  Column 1: Your codebtor  Name  Number Street  Number Street                   | e E/F (Official Form<br>lumn 2.        | 2IP Code  | Column 2: The creditor to whom you owe the d Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line Schedule G, line Schedule D, line     |
| 1                 | Cchedule D (Official Form 106D), Schedule Cchedule E/F, or Schedule G to fill out Co  Column 1: Your codebtor  Name  Number Street  Number Street                   | e E/F (Official Form<br>lumn 2.        | 2IP Code  | Column 2: The creditor to whom you owe the d Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule G, line |
| 5                 | Cchedule D (Official Form 106D), Schedule Cchedule E/F, or Schedule G to fill out Co  Column 1: Your codebtor  Name  Number Street  City  Name  Number Street  City | e E/F (Official Form<br>lumn 2.        | 2IP Code  | Column 2: The creditor to whom you owe the d Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line Schedule G, line Schedule D, line     |

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| nis is:  |
|--|
| ended filing   |
| element showing postpetition chapter as of the following date:                   |
| D/ YYYY  |
| 12/15  |
| r 2), both are equally responsible for   |
| ou, include information about your spo<br>use. If more space is needed, attach a |
| nown). Answer every question.  |
|  |
|  |
| Debtor 2 or non-filing spouse  |
|  |
| Employed   |
| ☐ Not employed   |
|  |
|  |
|  |
|  |
|  |
| Number Street  |
|  |
|  |
|  |
| City State ZIP Code  |
|  |
|  |
|  |
| ite \$0 in the space. Include your non-filing                                    |
|  |
| or that person on the lines  |
| For Debton 0 on  |
| For Debtor 2 or non-filing spouse  |
|  |
| \$   |
| + \$   |
| ·  |
|  |

Official Form 106I Schedule I: Your Income page 1

MARIA LUZ NEVES
First Name Middle Name

| irst Na | me | Midd | e N |
|---------|----|------|-----|

Case number (if known)

|   |            | For D    | ebtor 1       |           | Debtor 2<br>-filing spe |             |                 |
|---|------------|----------|---------------|-----------|-------------------------|-------------|-----------------|
| Copy line 4 here  | <b>4</b> . | \$       | 0             | \$        |                         | 0           |                 |
| 5. List all payroll deductions:   |            |          |               |           |                         |             |                 |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.        | \$       |               | \$        |                         |             |                 |
| 5b. Mandatory contributions for retirement plans  | 5b.        |          |               | \$        |                         |             |                 |
| 5c. Voluntary contributions for retirement plans  | 5c.        | \$       |               | \$        |                         |             |                 |
| 5d. Required repayments of retirement fund loans  | 5d.        | \$       | <u>.</u>      | \$        |                         |             |                 |
| 5e. Insurance   | 5e.        | \$       |               | \$        |                         |             |                 |
| 5f. Domestic support obligations  | 5f.        | \$       |               | \$        |                         |             |                 |
| 5g. Union dues  | 5g.        | \$       |               | \$        |                         |             |                 |
| 5h. Other deductions. Specify:  | 5h.        | +\$      |               | + \$      |                         |             |                 |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.  | 6.         | \$       | 0             | \$        |                         | 0           |                 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | <b>7</b> . | \$       | 0             | \$        | <u> </u>                | 0_          |                 |
| 8. List all other income regularly received:  |            |          |               |           |                         |             |                 |
| <ol> <li>Net income from rental property and from operating a business,<br/>profession, or farm</li> </ol>  |            |          |               |           |                         |             |                 |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.        | \$       | 555           | \$        | S                       | 0           |                 |
| 8b. Interest and dividends  | 8b.        | \$       | 0             | \$        | S                       |             |                 |
| 8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive  | ent        |          |               |           |                         |             |                 |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$       | 0             | \$        | S                       |             |                 |
| 8d. Unemployment compensation   | 8d.        | \$       | 0             | \$        | ·                       |             |                 |
| 8e. Social Security   | 8e.        | \$       | 922           | \$        | 5                       |             |                 |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | nce        |          |               |           |                         |             |                 |
| Specify:  | 8f.        | \$       | 0             | ;         | \$                      |             |                 |
| 8g. Pension or retirement income  | 8g.        | \$       | 0             | 9         | <b>5</b>                |             |                 |
| 8h. Other monthly income. Specify:  | 8h.        | +\$      | 0             | +:        | \$                      |             |                 |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.         | \$       | 1,477         |           | \$                      | 0           |                 |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10         | \$       | 1,477         | +         | \$                      |             | \$1,477_        |
| 11. State all other regular contributions to the expenses that you list in Sche<br>Include contributions from an unmarried partner, members of your household,<br>friends or relatives.   |            |          | nts, your roo | ommate    | s, and oth              | er          |                 |
| Do not include any amounts already included in lines 2-10 or amounts that are   | e not a    | vailable | to pay expe   | nses list | ted in Sch              | edule J.    |                 |
| Specify:  |            |          |               |           |                         | 11. +       | \$0             |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain  |            |          |               | -         | icome.                  | 12.         | \$1,477_        |
| 13. Do you expect an increase or decrease within the year after you file this   | form       | ?        |               |           |                         |             | monthly income  |
| <ul> <li>✓ No.</li> <li>✓ Yes. Explain: This budget depends upon the Debtor's residence being Harry Joseph Neves, her Guardian Ad Litem in this case</li> </ul>   | rented     | in the v | ery near fut  | ure, and  | the Debt                | or moving i | n with the son, |

page 2 Official Form 106I Schedule I: Your Income 

| : MARIA LUZ NEVES  |  | Case No.                                      |  |                                    |                                   |                                      |                                   |                         |
|--|--|---|--|------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|-------------------------|
| SCHEDULE I: YOUR INCOME PROPERTY OR BUSINESS INCOME ATTACHMENT   | 12/15  |   | es Bankrupto<br>istrict of Califo                |                                    | □ Ame<br>□ A po<br>as o           | st-petitio                           | n supple                          | mer                     |
| as complete and accurate as possible. If two manupplying correct information. "Monthly gross incout deducting for costs of goods, which shall be e reasonable maintenance of the property or incomplicate amounts included in "Costs of goods," us Line 4. | ome" means total<br>deducted under<br>curred in the reas | al gross incor<br>expenses. "<br>sonable oper | me expected of<br>Ordinary expension of the bu   | going forv<br>enses" m<br>usiness. | vard afte<br>eans exp<br>"Supplie | r the ban<br>penses th<br>s" include | kruptcy fat are inc<br>ed in 3.g. | filing<br>curr<br>. sha |
|  | 1: Debtor:   |   | 2: Debtor: [                                     | ]1                                 | 3                                 | : Debtor:                            | O1 C                              | ] 2                     |
| Name of property or business   | Plans to rent resid                                      | dence   |  |                                    |                                   |                                      |                                   |                         |
| 2. Monthly gross income  | <del>                                     </del>         | \$ 3,000                                      |  |                                    |                                   |                                      |                                   |                         |
| 3. Ordinary property or business expenses  |  |   |  |                                    |                                   |                                      |                                   |                         |
| a. Rent  |  |   |  |                                    |                                   |                                      |                                   |                         |
| b. Employee payroll  |  |   |  |                                    |                                   |                                      |                                   |                         |
| c. Contract services   |  |   |  |                                    |                                   |                                      |                                   |                         |
| d. Employee benefits   | ļ  |   |  |                                    |                                   |                                      |                                   |                         |
| e. Equipment lease payments  f. Direct secured debt payments   |  |   |  |                                    |                                   |                                      |                                   |                         |
| g. Supplies  |  |   |  |                                    | <del></del>                       |                                      | <del></del>                       |                         |
| h. Utilities (power, water, garbage)   |  |   | <del> </del>                                     |                                    | -+                                |                                      |                                   |                         |
| i. Internet  |  |   |  |                                    |                                   |                                      |                                   |                         |
| j. Telephone   |  |   |  |                                    |                                   |                                      |                                   |                         |
| k. Repairs and maintenance   |  |   |  |                                    |                                   |                                      |                                   |                         |
| I. Misc office expenses  |  |   |  |                                    |                                   |                                      |                                   |                         |
| m. Misc bank and credit card fees  |  |   |  |                                    |                                   |                                      |                                   |                         |
| n. Misc other  |  |   |  |                                    |                                   |                                      |                                   |                         |
| o. Advertising   | <u> </u>   |   |  |                                    |                                   |                                      |                                   |                         |
| p. Travel and entertainment  |  |   |  |                                    |                                   |                                      |                                   |                         |
| q. Professional fees r. Payroll services   | <u> </u>   |   |  |                                    |                                   |                                      |                                   |                         |
| s. Insurance   | ·  |   |  |                                    |                                   |                                      |                                   |                         |
|  | ļ  |   | <del>                                     </del> |                                    |                                   |                                      |                                   |                         |
| Liability Vehicle  |  |   |  |                                    |                                   |                                      |                                   |                         |
| Workers' compensation  |  | <del></del>                                   | <b>}</b>   |                                    | <del></del>                       |                                      | <del></del> .                     |                         |
| Surety bond  | -  |   |  |                                    |                                   |                                      |                                   |                         |
| Other:   |  |   | <u> </u>   |                                    |                                   |                                      |                                   |                         |
| t. Taxes   |  |   |  |                                    |                                   |                                      |                                   |                         |
| Payroll tax  |  |   |  |                                    |                                   |                                      |                                   |                         |
| Sales tax  |  |   |  |                                    |                                   |                                      |                                   |                         |
| u. Costs of good   |  |   |  |                                    |                                   |                                      |                                   |                         |
| y. Other: Ongoing mortgage pmts  |  | 2,345   |  |                                    |                                   |                                      |                                   |                         |
| Maintenance of house   | J  | 100   |  |                                    |                                   |                                      |                                   |                         |
| 4. Total monthly expenses  |  | 2,445   |  |                                    |                                   |                                      |                                   |                         |
| 5. Net monthly income  |  | 555   |  |                                    |                                   |                                      |                                   |                         |
| 5. Net monthly income  |  |   | <u></u>  |                                    |                                   | <del></del>                          |                                   |                         |
| let Monthly Property and Business Income Sum   | mary: 6.a. Property/Bu                                   | usiness 1                                     | De   | btor 1 555                         | 5                                 |                                      | Debtor 2                          |                         |
|  | 6.b. Property/Bu   | usiness 2                                     |  |                                    | )                                 |                                      |                                   | 0                       |
|  | 6.c. Property/Bu   |   |  |                                    | )                                 |                                      |                                   | 0                       |
|  |  |   |  | 555                                |                                   |                                      |                                   |                         |

SCHEDULE I: YOUR EXPENSES - PROPERTY OR BUSINESS INCOME ATTACHMENT

Page 1

Official Form 106I

|        | Fill in this in                | nformation to identify  | your case:  |   |  |  |                               |
|--------|--------------------------------|---|---|---|--|--|-------------------------------|
|        | Debtor 1                       | MARIA LUZ NEVE  | S   |   |  |  |                               |
|        |                                | First Name  | Middle Name Last Name   | Check if thi  | S IS:                                  |  |                               |
|        | Debtor 2<br>(Spouse, if filing | First Name  | Middle Name Last Name   | An ame  |  | _                                      |                               |
| ļ      | United States                  | Bankruptcy Court for the:                                     | Northern District of California   |   |  | howing postp<br>the following          | petition chapter 13           |
|        | Case number                    |   |   | MM / DD   |  | <del></del>                            |                               |
|        | (If known)                     |   |   | MIM 7 DO  | 7 1111                                 |  |                               |
| _      | Official I                     | orm 106J  |   | -   |  |  |                               |
| 5      | Sched                          | lule J: You   | ur Expenses   |   |  |  | 12/15                         |
| ir     | formation.                     |   | ssible. If two married people are fili<br>ed, attach another sheet to this form |   | -                                      |  | =                             |
| F      | Part 1:                        | Describe Your Hou   | sehold  |   |  |  |                               |
| 1.     | Is this a jo                   | nt case?  |   |   |  |  |                               |
|        | No. Go                         | o to line 2.<br>Des Debtor 2 live in a s                      | eparate household?  |   |  |  |                               |
|        |                                | No  |   |   |  |  |                               |
|        |                                |   | e Official Form 106J-2, Expenses for S  | eparate Household of Debtor 2.                      |  |  |                               |
| 2.     | Do you ha                      | ve dependents?  | ☑ No  |   | _                                      |  |                               |
|        | Do not list I<br>Debtor 2.     | Debtor 1 and  | Yes. Fill out this information for each dependent                               | Dependent's relationship to<br>Debtor 1 or Debtor 2 |  | Dependent's<br>age                     | Does dependent live with you? |
|        | Do not stat                    | e the dependents'   | ·   |   |  | <del></del>                            | ☐ No<br>☐ Yes                 |
|        |                                |   |   |   |  |  | □ No                          |
|        |                                |   |   |   |  | <del></del>                            | Yes                           |
|        |                                |   |   |   |  | · · · · · · · · · · · · · · · · · · ·  | □ No<br>□ Yes                 |
|        |                                |   |   |   |  |  | □ Tes                         |
|        |                                |   |   |   |  |  | Yes                           |
|        |                                |   |   |   |  |  | □ No                          |
| ****** |                                |   |   |   |  |  | ☐ Yes                         |
| 3.     | expenses                       | penses include<br>of people other than<br>nd your dependents? | ☑ No<br>□ Yes   |   |  |  |                               |
|        |                                |   |   |   | ************************************** | ······································ |                               |
|        |                                |   | ng Monthly Expenses   |   |  | 05440                                  |                               |
| 0      |                                | of a date after the ban                                       | bankruptcy filing date unless you a<br>kruptcy is filed. If this is a suppleme  | -   |  |  |                               |
|        | -                              | -   | n-cash government assistance if you   |   |  | Your expe                              | nsas                          |
|        |                                |   | I it on Schedule I: Your Income (Offi<br>expenses for your residence. Include   | •   |  | . 32. 0.00                             |                               |
| 4      | any rent f                     | or the ground or lot. (ex                                     | expenses for your residence. Include expected rent paid to son)                 | mor mortgage payments and                           | 4.                                     | \$                                     | 250                           |
|        |                                | uded in line 4:   |   |   | _                                      | •                                      |                               |
|        |                                | estate taxes  | ontoro incurence  |   | 4a.                                    | \$                                     |                               |
|        | •                              | erty, homeowner's, or re                                      |   |   | 4b.                                    |  |                               |
|        |                                | e maintenance, repair, a                                      | • • •   |   | 4c.                                    | \$                                     |                               |
|        | 4d Hom                         | ヒロルわらしょ えんくりくしんけんり しょ   | CODOMINIUM CITOS  |   | 44                                     | · ·                                    |                               |

Official Form 106J Schedule J: Your Expenses  Debtor 1 MARIA LUZ NEVES

First Name Middle Name Last Name

|     |   |               | Your expenses |
|-----|---|---------------|---------------|
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | <b>5</b> .    | \$            |
| 6   | Utilities:  |               |               |
| ۷.  | 6a. Electricity, heat, natural gas  | 6a.           | \$            |
|     | 6b. Water, sewer, garbage collection  | 6b.           | \$            |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.           | \$            |
|     | 6d. Other. Specify:   | 6d.           | \$            |
| 7.  | Food and housekeeping supplies  | 7.            | \$ 135        |
| 8.  | Childcare and children's education costs  | 8.            | \$            |
| 9.  | Clothing, laundry, and dry cleaning   | 9.            | \$ 51         |
| 0.  | Personal care products and services   | 10.           | \$50          |
| 11. | Medical and dental expenses   | 11.           | \$50          |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.   | 12.           | \$200         |
| 3.  | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.           | \$            |
| 14. | Charitable contributions and religious donations  | 14.           | \$            |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |               |               |
|     | 15a. Life insurance   | 15a.          | \$112         |
|     | 15b. Health insurance   | 15b.          | \$            |
|     | 15c. Vehicle insurance  | 15c.          | \$            |
|     | 15d. Other insurance. Specify:  | 15d.          | \$            |
| 6.  | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  | 16.           | \$            |
| 17. | Installment or lease payments:  |               |               |
|     | 17a. Car payments for Vehicle 1   | 17a.          | \$            |
|     | 17b. Car payments for Vehicle 2   | 17b.          | \$            |
|     | 17c. Other. Specify:  | 17c.          | \$            |
|     | 17d. Other. Specify:  | 17 <b>d</b> . | \$            |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.           | \$            |
| 9.  | Other payments you make to support others who do not live with you.   |               |               |
|     | Specify:  | 19.           | \$            |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom   | 1e.           |               |
|     | 20a. Mortgages on other property  | 20a.          | \$            |
|     | 20b. Real estate taxes  | 20b.          | \$            |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c.          | \$            |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d.          | \$            |
|     | 20e. Homeowner's association or condominium dues  | 20e.          | \$            |

Official Form 106J Schedule J: Your Expenses page 2

| ebtor 1    | MARIA LU<br>First Name | Middle Name     | Last Name                       | Case  | number (if known) |     |       |
|------------|------------------------|-----------------|---------------------------------|---|-------------------|-----|-------|
|            |                        |                 |                                 |   |                   |     |       |
| Oth        | er. Specify:           |                 |                                 | · · · · · · · · · · · · · · · · · · ·                             | 21.               | +\$ |       |
| Calc       | culate your mon        | thly expenses.  |                                 |   |                   |     |       |
| 22a.       | . Add lines 4 thro     | ugh 21.         |                                 |   | 22a.              | \$  | 927   |
| 22b.       | . Copy line 22 (m      | onthly expense  | s for Debtor 2), if any, from C | Official Form 106J-2  | 22b.              | \$  |       |
| 22c.       | Add line 22a and       | d 22b. The resu | It is your monthly expenses.    |   | 22c.              | \$  | 927   |
| . Calcı    | ulate your montl       | nly net income  |                                 |   |                   |     |       |
| 23a.       | Copy line 12 (yo       | our combined m  | onthly income) from Schedu      | ile I.  | 23a.              | \$  | 1,477 |
| 23b.       | Copy your mont         | hly expenses fr | rom line 22c above.             |   | 23b.              | -\$ | 927   |
| 23c.       | Subtract your m        |                 | s from your monthly income.     |   | <b>23c</b> .      | \$  | 550   |
|            |                        |                 |                                 |   |                   |     |       |
| . Do y     | ou expect an inc       | rease or decre  | ease in your expenses with      | nin the year after you file thi                                   | s form?           |     |       |
|            |                        |                 |                                 | in the year or do you expect y<br>ition to the terms of your mort |                   |     |       |
| <b>☑</b> N | 0.                     |                 |                                 |   |                   |     |       |
| ☐ Ye       | es. Explain h          | ere:            |                                 |   |                   |     |       |
|            |                        |                 |                                 |   |                   |     |       |
|            |                        |                 |                                 |   |                   |     |       |
|            |                        |                 |                                 |   |                   |     |       |

Official Form 106J Schedule J: Your Expenses page 3 

| Fill in this information to identify your case:                                       |                 |             |           |  |  |  |  |  |
|---|-----------------|-------------|-----------|--|--|--|--|--|
| Debtor 1  | MARIA LUZ NEVES |             |           |  |  |  |  |  |
|   | First Name      | Middle Name | Last Name |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)   | First Name      | Middle Name | Last Name |  |  |  |  |  |
| United States Bankruptcy Court for the: <u>Northern</u> District of <u>California</u> |                 |             |           |  |  |  |  |  |
| Case number(If known)   |                 |             |           |  |  |  |  |  |
| İ   |                 |             |           |  |  |  |  |  |

Check if this is an amended filing

## Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                   |  |
|------------------------------|--|
| Did you pay or agree to pay  | someone who is NOT an attorney to help you fill out bankruptcy forms?              |
| √ No                         |  |
| Yes. Name of person          | Attach Bankruptcy Petition Preparer's Notice, Declaration, and                     |
|                              | Signature (Official Form 119).   |
|                              |  |
|                              |  |
|                              |  |
|                              | declare that I have read the summary and schedules filed with this declaration and |
| that they are true and corre | ct.  |
| 1                            |  |
| * Ho. Nur                    | <b>,                                    </b>                                       |
| Signature of Debtor 1        | by her anticipated Guardian Ad Litem, ure of Debtor 2                              |
| MARIA LUZ NEVES              | HARRY JOSEPH NEVES   |
| Date 05/18/2017              | Date   |
|                              |  |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

| Fill in this in     | formation to ide    | ntify your case:                       |           |  |
|---------------------|---------------------|--|-----------|--|
| Debtor 1            | MARIA LUZ N         |  |           |  |
|                     | First Name          | Middle Name                            | Last Name |  |
| Debtor 2            |                     |  |           |  |
| (Spouse, if filing) | First Name          | Middle Name                            | Last Name |  |
|                     |                     |  |           |  |
| United States I     | Bankruptcy Court fo | r the: Northern District of California | 3         |  |

☐ Check if this is an amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| □,M        | Give Details About Yo  is your current marital state  farried  lot married |  | is and Where Yo               | ou Lived Before  |                                  |
|------------|--|--|-------------------------------|--|----------------------------------|
| <b>⊠</b> ∧ | ng the last 3 years, have you<br>lo<br>'es. List all of the places you li  | ·  | ·                             |  |                                  |
|            | Debtor 1:  |  | Dates Debtor 1<br>lived there | Debtor 2:  | Dates Debtor 2<br>lived there    |
|            | Number Street  |  | From                          | Same as Debtor 1  Number Street  | Same as Debtor 1  From To        |
| _          | City S   | tate ZIP Code                            |                               | City State ZIP   |                                  |
|            | Number Street  |  | From                          | Same as Debtor 1  Number Street  | Same as Debtor 1                 |
|            | City S   | tate ZIP Code                            | То                            | City State 2   | To                               |
| state      | in the last 8 years, did you e   | over live with a spena, California, Idah | o, Louisiana, Neva            | valent in a community property state or<br>da, New Mexico, Puerto Rico, Texas, Was | r territory? (Community property |

Part 2: Explain the Sources of Your Income

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| MARIA | LUZ | <b>NEVES</b> |
|-------|-----|--------------|
|-------|-----|--------------|

|         | •• | *** | • | _ | • | - | •   | •    |     | _ | • |
|---------|----|-----|---|---|---|---|-----|------|-----|---|---|
| -       |    |     | - |   | _ | _ | _   |      | _   | _ | - |
| Ciant I | M  |     |   |   |   | 1 | At. | ماله | NI. |   |   |

| ast | Name |  |
|-----|------|--|

| Case number | (if known) |  |  |  |  |
|-------------|------------|--|--|--|--|
|             |            |  |  |  |  |

| <b>1</b> No  |  |   |  |  |
|--|--|---|--|--|
| Yes. Fill in the details.  |  |   | 1  |  |
|  | a transfer of  |   | and the state of t |  |
|  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  |
| From January 1 of current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips  | \$  | Wages, commissions, bonuses, tips  | \$   |
|  | Operating a business   | dan dan juga senggan dan juga pada di Bili Bili Bili Bili Bili Bili Bili B  | Operating a business   | ra i para proprio de la composición de |
| For last calendar year:  | Wages, commissions, bonuses, tips  | \$  | Wages, commissions, bonuses, tips  | \$   |
| (January 1 to December 31, 2016  | Operating a business   |   | Operating a business   |  |
| For the calendar year before that:   | Wages, commissions, bonuses, tips  |   | Wages, commissions, bonuses, tips  | e  |
| (January 1 to December 31, 2015  | Operating a business   | \$  | Operating a business   | \$   |
| Include income regardless of whether that inc<br>unemployment, and other public benefit payn<br>gambling and lottery winnings. If you are filing   | come is taxable. Examples<br>nents; pensions; rental inc<br>g a joint case and you hav   | of other income are alia<br>ome; interest; dividends<br>e income that you receive   | ; money collected from law<br>ved together, list it only once  | suits; royalties; and  |
| Include income regardless of whether that inc<br>unemployment, and other public benefit paym<br>gambling and lottery winnings. If you are filing<br>List each source and the gross income from e   | come is taxable. Examples<br>nents; pensions; rental inc<br>g a joint case and you hav<br>each source separately. D  | of other income are alia<br>ome; interest; dividends<br>e income that you receive   | ; money collected from law<br>ved together, list it only once  | suits; royalties; and<br>e under Debtor 1.   |
| Include income regardless of whether that incure unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from a   | come is taxable. Examples<br>nents; pensions; rental inc<br>g a joint case and you hav   | of other income are alia<br>ome; interest; dividends<br>e income that you receive   | ; money collected from law<br>yed together, list it only onc<br>at you listed in line 4.   | suits; royalties; and<br>e under Debtor 1.   |
| nclude income regardless of whether that incure unemployment, and other public benefit paymy ambling and lottery winnings. If you are filing at each source and the gross income from a No Yes. Fill in the details.   | come is taxable. Examples nents; pensions; rental inc g a joint case and you have each source separately. Descriptions   | Gross income from each source (before deductions and  | ; money collected from law<br>yed together, list it only onc<br>at you listed in line 4.  Sources of income  | suits; royalties; and e under Debtor 1.  Gross Income from each source (before deductions and                  |
| nclude income regardless of whether that inc<br>inemployment, and other public benefit paym<br>jambling and lottery winnings. If you are filing<br>ist each source and the gross income from e   | come is taxable. Examples nents; pensions; rental income is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Describe below. | Gross income from each source (before deductions)   | ; money collected from law<br>yed together, list it only onc<br>at you listed in line 4.  Sources of income  | suits; royalties; and e under Debtor 1.  Gross Income from each source (before deductions and                  |
| nclude income regardless of whether that incomendate income regardless of whether that incomendate incoment, and other public benefit paym ambling and lottery winnings. If you are filing is each source and the gross income from each No Yes. Fill in the details.  | come is taxable. Examples nents; pensions; rental income is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Describe below. | Gross income from each source (before deductions and exclusions)  \$ 9922/mo \$   | ; money collected from law<br>yed together, list it only onc<br>at you listed in line 4.  Sources of income  | suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and exclusions)      |
| nclude income regardless of whether that incomendate income regardless of whether that incomendate incoment, and other public benefit payment pambling and lottery winnings. If you are filling it is each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until   | come is taxable. Examples nents; pensions; rental income is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Describe below. | Gross income from each source (before deductions and exclusions)  \$ 9922/mo \$   | ; money collected from law- ved together, list it only once at you listed in line 4.  Sources of Income Describe below.  | Gross Income from each source (before deductions and exclusions)   |
| Include income regardless of whether that incurrently and lottery winnings. If you are filling it each source and the gross income from the th | some is taxable. Examples nents; pensions; rental income is a joint case and you have each source separately. Describe below.  Sources of income Describe below.               | Gross income from each source (before deductions)  \$\frac{1}{3} \text{ (bvidends)}{3} \text{ (bvidends)}{4} \text{ (bvidends)}{5} \text{ (bvidends)}{6} \t | ; money collected from law- ved together, list it only once at you listed in line 4.  Sources of Income Describe below.  | Gross income from each source (before deductions and exclusions)  - \$   |
| Include income regardless of whether that incurremployment, and other public benefit paym pambling and lottery winnings. If you are filing it each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:   | some is taxable. Examples nents; pensions; rental income is a joint case and you have each source separately. Describe below.  Sources of income Describe below.               | Gross income from each source (before deductions and exclusions)  \$ \$922/mo \$ \$922/mo \$ \$   | ; money collected from law<br>yed together, list it only once<br>at you listed in line 4.  Sources of income<br>Describe below.  | Gross Income from each source (before deductions and exclusions)  - \$   |
| Include income regardless of whether that incurrently unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,2016)  | some is taxable. Examples nents; pensions; rental income is a joint case and you have each source separately. Describe below.  Sources of income Describe below.               | Gross income from each source (before deductions and exclusions)  \$ \$922/mo \$ \$922/mo \$ \$ \$922/mo \$ \$ \$ \$922/mo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | ; money collected from law- ved together, list it only once at you listed in line 4.  Sources of income Describe below.  | Gross Income from each source (before deductions and exclusions)  - \$   |
| Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year: (January 1 to December 31, 2016 )  | some is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Describe below.  Social Security ben  Social Security ben           | Gross income from each source (before deductions)  \$ \$922/mo \$ \$922/mo \$ \$ \$922/mo \$ \$ \$ \$922/mo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  | ; money collected from law- yed together, list it only once at you listed in line 4.  Sources of Income Describe below.  | Gross Income from each source (before deductions and exclusions)  - \$   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

MARIA LUZ NEVES

| rst Name | Middle Name | Last Name |  |
|----------|-------------|-----------|--|
|          |             |           |  |

| Case number | (if known) |  |  |
|-------------|------------|--|--|
|             |            |  |  |

| Part 3:     | List  | Certain Paymo                           | ents You N   | lade Before  | You Filed                                | for Bankruptcy  |  |                        |  |  |  |
|-------------|---|---|--|--|--|---|--|------------------------|--|--|--|
|             |   |   |  |  |  |   |  |                        |  |  |  |
| 6. Are eitl | her De  | btor 1's or Debt                        | or 2's debts   | primarily co   | nsumer debt                              | s?  |  |                        |  |  |  |
| ☐ No.       | . <b>Neitl</b><br>"incu   | her Debtor 1 noi                        | r Debtor 2 ha  | as primarily of for a persona  | c <b>onsumer del</b><br>al, family, or h | <b>bts.</b> Consumer debts an<br>ousehold purpose."                               | e defined in 11 U.S.C. § 101   | (8) as                 |  |  |  |
|             | Durir   | ng the 90 days be                       | efore you file   | d for bankrup  | tcy, did you pa                          | ay any creditor a total of  | \$6,225* or more?  |                        |  |  |  |
|             |   | No. Go to line 7.                       |  |  |  |   |  |                        |  |  |  |
|             | Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |   |  |  |  |   |  |                        |  |  |  |
|             | * Sul   |   |  |  |  |   | fter the date of adjustment.   |                        |  |  |  |
| 🗹 Ye:       | s. Debi   | tor 1 or Debtor 2                       | or both ha   | ve primarily o   | consumer del                             | bts.  |  |                        |  |  |  |
|             |   |   |  |  |  | ay any creditor a total of  | \$600 or more?   |                        |  |  |  |
|             | <b>⊠</b> ı  | No. Go to line 7.                       |  |  |  |   |  |                        |  |  |  |
|             |   | creditor. Do                            | not include p  | ayments for d  | domestic supp                            | \$600 or more and the to<br>ort obligations, such as<br>ey for this bankruptcy ca |  |                        |  |  |  |
|             |   |   |  |  | Dates of payment                         | Total amount paid   | Amount you still owe   | Was this payment for   |  |  |  |
|             |   |   |  |  |  | \$  | \$   | ☐ Mortgage             |  |  |  |
|             |   | Creditor's Name                         |  |  |  |   |  | ☐ Car                  |  |  |  |
|             |   | Number Street                           |  |  |  |   |  | Credit card            |  |  |  |
|             |   |   |  |  |  |   |  | Loan repayment         |  |  |  |
|             |   |   |  | <del></del>  |  |   |  | ☐ Suppliers or vendors |  |  |  |
|             |   | City                                    | State  | ZIP Code   |  |   |  | Other                  |  |  |  |
|             |   |   |  |  |  | n 1995 gaya diplomas kadar ki. Ali apara gara gara kada in manda ki.              | The state of the s |                        |  |  |  |
|             |   |   |  |  |  | \$  | \$   | ☐ Mortgage             |  |  |  |
|             |   | Creditor's Name                         |  |  |  |   |  | ☐ Car                  |  |  |  |
|             |   | Number Street                           | <del> </del>   |  | <del></del>                              |   |  | Credit card            |  |  |  |
|             |   | Trained Officer                         |  |  |  |   |  | Loan repayment         |  |  |  |
|             |   | *************************************** | <del></del>  |  |  |   |  | ☐ Suppliers or vendors |  |  |  |
|             |   | City                                    | State  | ZIP Code   |  |   |  | ☐ Other                |  |  |  |
|             |   | J.,                                     | Oldio  | 2.1 0000   |  |   |  |                        |  |  |  |
|             | •   | ,                                       | THE SHALL A DAY AS A STATE OF THE SHALL SH | AND THE RESIDENCE OF THE PERSON OF THE PERSO | The second second second second          |   |  |                        |  |  |  |
|             |   | Creditor's Name                         |  |  |  | \$  | \$   | Mortgage               |  |  |  |
|             |   |   |  |  |  |   |  | ☐ Car                  |  |  |  |
|             |   | Number Street                           |  |  |  |   |  | Credit card            |  |  |  |
|             |   |   |  |  |  |   |  | Loan repayment         |  |  |  |
|             |   |   |  |  |  |   |  | Suppliers or vendors   |  |  |  |
|             |   | City                                    | State  | ZIP Code   |  |   |  | Other                  |  |  |  |
|             |   |   |  |  |  |   |  |                        |  |  |  |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| De | btor | 1 |
|----|------|---|

| or 1                        | MARIA LUZ NEVE                     |   | -                                  |                                   | _  | Case number (if known)_                       |  |
|-----------------------------|------------------------------------|---|------------------------------------|-----------------------------------|--|---|--|
|                             | First Name Middle Nam              | ne  | Last Name                          |                                   |  | _   |  |
| Inside corporate agent such | orations of which you are          | ; any genera<br>an officer, o<br>iness you op | al partners; re<br>lirector, perso | elatives of any on in control, or | general partners; p<br>r owner of 20% or i | eartnerships of which<br>more of their voting | who was an insider? In you are a general partner; securities; and any managing domestic support obligations, |
| <b>□</b> \                  | es. List all payments to a         | n insider.                                    |                                    | Dates of payment                  | Total amount paid                          | Amount you still owe                          | Reason for this payment  |
|                             | ***                                |   |                                    |                                   | \$   | \$  |  |
|                             | Insider's Name                     |   |                                    |                                   |  |   |  |
|                             | Number Street                      | - ****  |                                    |                                   |  |   |  |
|                             |                                    |   |                                    |                                   |  |   |  |
|                             | City                               | State   | ZIP Code                           |                                   |  | n   |  |
|                             |                                    |   |                                    |                                   | \$   | \$  |  |
|                             | Insider's Name                     |   |                                    |                                   |  |   |  |
|                             | Number Street                      |   |                                    |                                   |  |   |  |
|                             |                                    |   |                                    |                                   |  |   |  |
|                             | City                               | State   | ZIP Code                           |                                   |  |   |  |
| an i                        | nsider?<br>ude payments on debts g | uaranteed o                                   | r cosigned by                      |                                   | payments or trans  Total amount paid       | Amount you still                              | Reason for this payment Include creditor's name  |
|                             | Insider's Name                     |   |                                    | <del></del>                       | \$   | \$  |  |
|                             | Number Street                      |   |                                    |                                   |  |   |  |
|                             |                                    |   |                                    |                                   |  |   |  |
|                             | City                               | State   | ZIP Code                           | -                                 |  |   |  |
|                             |                                    | State   | ZIP Code                           |                                   | \$   | \$  |  |
|                             | City Insider's Name                | State   | ZIP Code                           |                                   | \$   | \$  |  |

City

State

ZIP Code

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| MARIA L    | LUZ NEVES   |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |

| Case number (if known) |  |
|------------------------|--|
|------------------------|--|

| 4: Identify Legal Actions,   | Repossession        | s, and Foreciosure:  |   |                  |  |
|--|---------------------|--|---|------------------|--|
| Ithin 1 year before you filed for best all such matters, including person  |                     |  |   |                  |  |
| d contract disputes.   | nan ingany babba, k | onan olamno dedene, ar   | oroco, conconorrounto, parter   | ,,,              | • · · · · · · · · · · · · · · · · · · ·          |
| l No   |                     |  |   |                  |  |
| Yes. Fill in the details.  |                     |  |   |                  |  |
|  | Nature              | of the case  | Court or agency   |                  | Status of the case                               |
|  |                     |  |   |                  |  |
| Case title   |                     |  | Court Name  |                  | Pending  |
|  |                     |  |   |                  | On appeal  |
|  |                     |  | Number Street   |                  | Concluded  |
| Case number  |                     |  |   |                  |  |
|  |                     |  | City Stat   | e ZIP Code       |  |
|  |                     |  |   |                  |  |
| Case title   |                     |  | Court Name  |                  | —— Pending                                       |
|  |                     |  |   |                  | On appeal  |
|  |                     |  | Number Street   |                  | Concluded  |
| Case number  |                     |  |   |                  |  |
|  |                     |  | City Stat   | e ZIP Code       |  |
| ithin 1 year before you filed for the heck all that apply and fill in the de No. Go to line 11.  Yes. Fill in the information below                      | tails below.        | any of your property   | repossessed, foreclosed, g  | arnished, attach | ea, seizea, or ieviea r                          |
| heck all that apply and fill in the de   | tails below.        | Describe the property  |   | Date             | Value of the property                            |
| heck all that apply and fill in the de   | tails below.        |  |   |                  |  |
| heck all that apply and fill in the de   | tails below.        |  |   |                  |  |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below   | tails below.        |  |   |                  | Value of the property                            |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below   | tails below.        |  | y .   |                  | Value of the property                            |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  | tails below.        | Describe the proper  | y .   |                  | Value of the property                            |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  | tails below.        | Explain what happed Property was a   | ned<br>repossessed.<br>foreclosed.  |                  | Value of the property                            |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  Number Street                           | tails below.        | Explain what happen Property was a   | ned<br>repossessed.<br>foreclosed.<br>garnished.  |                  | Value of the property                            |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  Number Street                           | tails below.        | Explain what happed Property was a P | ned repossessed. foreclosed. garnished. attached, seized, or levied.                                  | Date             | Value of the property                            |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  Number Street                           | tails below.        | Explain what happen Property was a   | ned repossessed. foreclosed. garnished. attached, seized, or levied.                                  |                  | Value of the property                            |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  Number Street                           | tails below.        | Explain what happed Property was a P | ned repossessed. foreclosed. garnished. attached, seized, or levied.                                  | Date             | Value of the property  \$  Value of the property |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  Number Street  City St                  | tails below.        | Explain what happed Property was a P | ned repossessed. foreclosed. garnished. attached, seized, or levied.                                  | Date             | Value of the property                            |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  Number Street                           | tails below.        | Explain what happed Property was a P | ned repossessed. foreclosed. garnished. attached, seized, or levied.                                  | Date             | Value of the property  \$  Value of the property |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  Number Street  City St                  | tails below.        | Explain what happed Property was a P | ned repossessed. foreclosed. garnished. attached, seized, or levied.                                  | Date             | Value of the property  \$  Value of the property |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  Number Street  City St                  | tails below.        | Describe the propert  Explain what happer Property was a Property  | ned repossessed. foreclosed. garnished. attached, seized, or levied. by                               | Date             | Value of the property  \$  Value of the property |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  Number Street  City St                  | tails below.        | Describe the proper  Explain what happed Property was and | ned repossessed. foreclosed. garnished. attached, seized, or levied. by                               | Date             | Value of the property  \$  Value of the property |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information below  Creditor's Name  Number Street  City Si  Creditor's Name | tails below.        | Describe the proper  Explain what happed Property was and | ned repossessed. foreclosed. garnished. attached, seized, or levied. ty  ned repossessed. foreclosed. | Date             | Value of the property  \$  Value of the property |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| n~ | btor | - 4 |
|----|------|-----|
|    |      |     |

| ounts or refuse to make a payment be   | ptcy, did any creditor, including a bank or financi<br>cause you owed a debt?      | al institution, set off any amounts from your |
|--|--|---|
| No.  |  |   |
| es. Fill in the details.   |  |   |
| es. Fill III the details.  |  | , a mark                                      |
|  | Describe the action the creditor took  | Date action Amount was taken                  |
| Creditor's Name  |  |   |
| Jumber Street  | -  | <b>\$</b>                                     |
|  | _  |   |
| City State ZIP Code  | Last 4 digits of account number: XXXX  | <del></del>                                   |
| litors, a court-appointed receiver, a co<br>No   | etcy, was any of your property in the possession of ustodian, or another official? | or an assignee for the penetic of             |
| Yes  |  |   |
|  |  |   |
| List Certain Gifts and Contrib   | utions   |   |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person | Describe the gifts   | Dates you gave Value<br>the gifts             |
|  |  |   |
| Person to Whom You Gave the Gift   | _  | <u> </u>                                      |
|  | _  | •   |
| Number Street  |  |   |
| City State ZIP Code  | -  |   |
| Person's relationship to you   |  |   |
| Gifts with a total value of more than \$600 per person   | Describe the gifts   | Dates you gave Value the gifts                |
|  | _  | \$  |
| Person to Whom You Gave the Gift   | 1  |   |
| Person to Whom You Gave the Gift   |  |   |
| Person's relationship to you   | — Describe the sife  | Datae vou gavo Value                          |

City

Number Street

Person's relationship to you

State ZIP Code

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| Ei-   | MARIA LUZ NEVES  | Case number (if known)   |   |                               |
|---|--|--|---|-------------------------------|
| ra.   | st Name Middle Name  | Last Name  |   |                               |
|   |  |  |   |                               |
| thin 2 ye   | ears before you filed for ba   | inkruptcy, did you give any gifts or contributions with a total value  | e of more than \$60   | 00 to any charity?            |
| No  | •  |  |   |                               |
|   | ill in the details for each gift o   | or contribution  |   |                               |
| 100.1   | iii iii alo aotailo loi oaoti gilt t   | ·  |   |                               |
|   | or contributions to charities<br>otal more than \$600  | Describe what you contributed  | Date you contributed  | Value                         |
|   |  |  |   |                               |
| Ob orituin  | Nome   |  |   | \$                            |
| Charity's   | Name   |  |   |                               |
|   |  |  | <u> </u>  | \$                            |
|   |  |  |   |                               |
| Number  | Street   |  |   |                               |
|   |  |  |   |                               |
|   |  |  |   |                               |
| City  | State ZIP Code   |  |   |                               |
|   |  |  |   |                               |
| l Yes. F  | ill in the details.  |  |   |                               |
|   | ribe the property you lost and<br>the loss occurred  | Describe any insurance coverage for the loss   | Date of your loss   | Value of propert              |
|   |  | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.   |   |                               |
|   |  | Include the amount that insurance has paid. List pending insurance   |   | Value of property             |
|   |  | Include the amount that insurance has paid. List pending insurance   |   |                               |
|   |  | Include the amount that insurance has paid. List pending insurance   |   |                               |
| how   |  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  |   |                               |
| 7: L  | ist Certain Payments o   | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers   | loss  | lost<br>\$                    |
| 7: Li   | ist Certain Payments or<br>year before you filed for ba  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  Inkruptcy, did you or anyone else acting on your behalf pay or tranuptcy or preparing a bankruptcy petition?   | nsfer any property  | lost<br>\$                    |
| 7: Li   | ist Certain Payments or<br>year before you filed for ba  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  Inkruptcy, did you or anyone else acting on your behalf pay or training the second secon | nsfer any property  | lost<br>\$                    |
| 7: Lifthin 1 you consciude an   | ist Certain Payments or<br>year before you filed for ba  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  Inkruptcy, did you or anyone else acting on your behalf pay or tranuptcy or preparing a bankruptcy petition?   | nsfer any property  | lost<br>\$                    |
| 7: Li Vithin 1 you consi  | ist Certain Payments or<br>year before you filed for ba  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  Inkruptcy, did you or anyone else acting on your behalf pay or tranuptcy or preparing a bankruptcy petition?   | nsfer any property  | lost<br>\$                    |
| 7: Lifthin 1 you consclude and Yes. F   | ist Certain Payments or year before you filed for baselited about seeking bankruy attorneys, bankruptcy petition in the details.   | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  Inkruptcy, did you or anyone else acting on your behalf pay or training or preparing a bankruptcy petition?  tion preparers, or credit counseling agencies for services required in your pending and value of any property transferred   | nsfer any property our bankruptcy.  Date payment or transfer was      | \$                            |
| 7: Lifthin 1 you consciude and Yes. F   | ist Certain Payments or year before you filed for baselted about seeking bankruy attorneys, bankruptcy petitill in the details.  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Inkruptcy, did you or anyone else acting on your behalf pay or transpector preparing a bankruptcy petition? Ition preparers, or credit counseling agencies for services required in your property transferred  Description and value of any property transferred  | nsfer any property our bankruptcy.  Date payment or                   | \$                            |
| //ithin 1 you consociude and Yes. F   | ist Certain Payments or year before you filed for baselted about seeking bankruy attorneys, bankruptcy petitill in the details.  d and Hammes, Attorneys or Who Was Paid  The Alameda #223 | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Inkruptcy, did you or anyone else acting on your behalf pay or transpression preparing a bankruptcy petition? Ition preparers, or credit counseling agencies for services required in your property transferred.  | nsfer any property our bankruptcy.  Date payment or transfer was      | lost<br>\$                    |
| 7: Lifthin 1 you consciude an Yes. F  | ist Certain Payments or year before you filed for baselted about seeking bankruy attorneys, bankruptcy petitill in the details.  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Inkruptcy, did you or anyone else acting on your behalf pay or transpector preparing a bankruptcy petition? Ition preparers, or credit counseling agencies for services required in your property transferred  Description and value of any property transferred  Partial attorneys fees for bankruptcy case \$1,690,   | nsfer any property our bankruptcy.  Date payment or transfer was made | s/  to anyone  Amount of paym |
| 7: Lithin 1 you consciude and Yes. F  | ist Certain Payments or year before you filed for baselted about seeking bankruy attorneys, bankruptcy petitill in the details.  d and Hammes, Attorneys or Who Was Paid  The Alameda #223 | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Inkruptcy, did you or anyone else acting on your behalf pay or transpector preparing a bankruptcy petition? Ition preparers, or credit counseling agencies for services required in your property transferred  Description and value of any property transferred  Partial attorneys fees for bankruptcy case \$1,690,   | nsfer any property our bankruptcy.  Date payment or transfer was made | s/  to anyone  Amount of paym |
| Within 1 you consider an American Section 1570 Number | ist Certain Payments or year before you filed for baselted about seeking bankruy attorneys, bankruptcy petitill in the details.  d and Hammes, Attorneys or Who Was Paid  The Alameda #223 | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Inkruptcy, did you or anyone else acting on your behalf pay or transpector preparing a bankruptcy petition? Ition preparers, or credit counseling agencies for services required in your property transferred  Description and value of any property transferred  Partial attorneys fees for bankruptcy case \$1,690,   | nsfer any property our bankruptcy.  Date payment or transfer was made | s/  to anyone  Amount of paym |

goldandhammes@goha.com

Person Who Made the Payment, if Not You

Email or website address

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| tor 1      | MARIA LUZ NEVES First Name Middle Name Last  | Name   | Case number (if known)    |   |                   |
|------------|--|--|---------------------------|---|-------------------|
| -          |  | Description and value of any property  | transferred               | Date payment or transfer was made       | Amount of payment |
|            | Person Who Was Paid  |  |                           |   | \$                |
|            | Number Street  |  |                           |   | \$                |
|            |  |  |                           |   |                   |
|            | City State ZIP Code  |  |                           |   |                   |
|            | Email or website address   | -  |                           |   |                   |
|            | Person Who Made the Payment, if Not You  |  |                           |   |                   |
|            | not include any payment or transfer that y<br>No<br>Yes. Fill in the details.  | ou listed on line 16.  Description and value of any property   | transferred               | Date payment or<br>transfer was<br>made | Amount of paymer  |
|            | Person Who Was Paid  | The state of the s |                           |   | •                 |
|            | Number Street  | -<br>-   |                           |   | s                 |
|            | City State ZIP Code  | -  |                           |   | · ·               |
| tra<br>Inc | thin 2 years before you filed for bankrunsferred in the ordinary course of your lude both outright transfers and transfers not include gifts and transfers that you have No  Yes. Fill in the details. | business or financial affairs?<br>made as security (such as the granting   |                           | mortgage on your pro                    | operty).          |
|            | December 1   | transferred  | or debts paid in exchange | ange                                    | was made          |
|            | Person Who Received Transfer   |  |                           |   |                   |
|            | Number Street  |  |                           |   |                   |
|            | City State ZIP Code  |  |                           |   |                   |
|            | Person's relationship to you   | -  |                           |   |                   |
|            | Person Who Received Transfer   |  |                           |   |                   |
|            | Number Street  |  |                           |   |                   |

City

Person's relationship to you \_

ZIP Code

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| -  |      |   |
|----|------|---|
| De | btor | 1 |

| 1 MARIA LUZ NEVES First Name Middle Name Last No.   | ame   | Case number (if know  | wn)  |                           |
|---|---|---|--|---------------------------|
| Vithin 10 years before you filed for bankrup<br>Ire a beneficiary? (These are often called as:<br>☐ No<br>☑ Yes. Fill in the details. |   | y to a self-settled trus  | t or similar device of wh                  | nich you                  |
|   | Description and value of the proper   | ty transferred  |  | Date transfer<br>was made |
| Name of trust Maria Luz Neves Family  | Residence transferred into tru<br>disclosed elsewhere in Sched  |   | n the trust have been                      | 11/6/2014                 |
| Trust (10/29/2014)  |   |   |  |                           |
| 8: List Certain Financial Accounts  | Instruments, Safa Denosit   | Boxes, and Storag   | e Units                                    |                           |
| nclude checking, savings, money market, orokerage houses, pension funds, coopera<br>No<br>Yes. Fill in the details.                   | or other financial accounts; certi<br>tives, associations, and other fir<br>Last 4 digits of account number | ricates of deposit; sha<br>ancial institutions.<br>Type of account or | ares in Danks, credit uni Date account was | Last balance befo         |
|   | Last 4 digits of dissource financial  | instrument  | closed, sold, moved, or transferred        | closing or transfe        |
| Name of Financial institution   | xxxx  | Checking  |  | \$                        |
| Number Street   |   | ☐ Savings<br>☐ Money market   |  |                           |
| City State ZIP Code   |   | ☐ Brokerage ☐ Other   |  |                           |
|   | xxxx  | ☐ Checking  |  | \$                        |
| Name of Financial Institution  Number Street  |   | Savings Money market  |  |                           |
|   |   | ☐ Brokerage ☐ Other   |  |                           |
| City State ZIP Code   |   | Other   |  |                           |
| Do you now have, or did you have within 1<br>securities, cash, or other valuables?  VI No   | year before you filed for bankru  | ptcy, any safe deposit  | box or other depositor                     | y for                     |
| Yes. Fill in the details.   | Who else had access to it?  | Describe t  | he contents                                | Do you st                 |
|   |   |   |  | ☐ No<br>☐ Yes             |
| Name of Financial Institution   | Name  |   |  | 83                        |

City

Statement of Financial Affairs for Individuals Filing for Bankruptcy

ZIP Code

Number Street

State

City

ZIP Code

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| MADIA                          | LUZ NEVES                 |  |                |  |                       |
|--------------------------------|---------------------------|--|----------------|--|-----------------------|
| Debtor 1 IVIANIA<br>First Name | LUZ NEVES  Middle Name La | st Name  | Cas            | e number (if known)  |                       |
|                                |                           |  |                |  |                       |
| M No                           |                           | t or place other than your home v  | within 1 year  | before you filed for bankruptcy?   | <b>?</b>              |
| Yes. Fill in the               | e details.                |  |                |  | •                     |
|                                |                           | Who else has or had access to it   | ?              | Describe the contents  | Do you still have it? |
|                                |                           |  |                |  | □ No                  |
| Name of Storag                 | ne Facility               | Name   |                |  | ☐ Yes                 |
|                                | ,                         |  |                |  | <b>—</b> 165          |
| Number Stre                    | et                        | Number Street  | <del></del>    |  |                       |
|                                |                           |  |                |  |                       |
|                                |                           | City State ZIP Code  |                |  |                       |
| City                           | State ZIP Code            | magani se na 1970 ng sakat nekulungan pan i Salangangan pang kanagah bilan pangka bilan pangka bilang bilan |                | A STATE OF THE PARTY OF THE PAR |                       |
|                                |                           |  | _              |  |                       |
|                                |                           | or Control for Someone Els   |                |  |                       |
|                                |                           | someone eise owns? Include an  | y property y   | ou borrowed from, are storing fo   | or,                   |
| or hold in trust               | or someone.               |  |                |  |                       |
| Yes. Fill in the               | no detaile                |  |                |  |                       |
| Tes. Fill ill u                | ie details.               | Where is the property?   |                | Describe the property  | Value                 |
|                                |                           | imora la dia proporty.   |                |  |                       |
| Owner's Name                   |                           | _  |                |  | e                     |
| Owner s realite                | :                         |  |                |  | <b>V</b>              |
| Number Stre                    | et                        | - Number Street  |                |  |                       |
|                                |                           | <del></del>  |                | -  |                       |
|                                |                           | _ City State   | ZIP Code       | -  |                       |
| City                           | State ZIP Code            |  |                |  |                       |
| Part 10: Give                  | Details About Environ     | nmental information  |                |  |                       |
| For the purpose of             | Part 10, the following de | finitions apply:   |                |  |                       |
| 1                              | •                         | tate, or local statute or regulation   | n concerning   | pollution, contamination, releas   | ses of                |
| hazardous or to                | xic substances, wastes,   | or material into the air, land, soi  | l, surface wa  | ter, groundwater, or other medi  | ım,                   |
| 1                              | •                         | lling the cleanup of these substa  |                |  |                       |
|                                |                           | perty as defined under any enviro<br>ze it, including disposal sites.  | nmental law    | , whether you now own, operate   | , or                  |
|                                |                           | environmental law defines as a h<br>nt, contaminant, or similar term.  | azardous wa    | aste, hazardous substance, toxic   | ;                     |
| Report all notices,            | releases, and proceeding  | gs that you know about, regardle   | ess of when    | they occurred.   |                       |
|                                | mental unit notified you  | that you may be liable or potentia   | ally liable un | der or in violation of an environn   | nental law?           |
| ☑ No                           |                           |  |                |  |                       |
| Yes. Fill in t                 | he details.               |  |                |  |                       |
|                                |                           | Governmental unit  | Environ        | mental law, if you know it   | Date of notice        |
|                                |                           |  |                |  |                       |
| l .                            |                           |  | 1              |  | l                     |

City

Name of site

Number Street

Statement of Financial Affairs for Individuals Filing for Bankruptcy

State ZIP Code

page 10

Governmental unit

Number Street

City

ZIP Code

| De  | h  | • | <br>• |
|-----|----|---|-------|
| IJ€ | !D | Ю | 1     |

| MARIA LUZ NEVES        |            | Case number (if known) |  |
|------------------------|------------|------------------------|--|
| ret Name - Middle Name | l set Name |                        |  |

| Yes. Fill in the details.   |  |   |   | 6.00   | e e e e e e e e e e e e e e e e e e e  |
|---|--|---|---|--|--|
|   | Governmental unit  | ·   | nvironmental law, if  | you know it  | Date of notice   |
| Name of site  | Governmental unit  |   |   |  |  |
| Number Street   | Number Street  |   |   |  |  |
|   | City State   | ZIP Code  |   |  |  |
| City State ZIP Code   |  | ar oode   |   |  |  |
|   |  |   |   |  |  |
| ve you been a party in any judicial or ad<br>No   | iministrative proceeding   | under any e   | nvironmentai iaw i  | r include settlements  | and orders.  |
| Yes. Fill in the details.   |  |   |   |  |  |
|   | Court or agency  |   | Nature of the ca  | 180  | Status of the  |
| Case title  | <del></del>  |   | :   |  | Pending  |
|   | Court Name   |   | •<br>:<br>:   |  | On appe  |
|   | Number Street  | ·   | -   |  | ☐ Conclud  |
|   | Quant  |   | İ   |  | = 3•   |
|   |  |   |   |  | L L  |
| Case number  11: Give Details About Your Buthin 4 years before you filed for bankru   | siness or Connection   | iness or have   | any of the follow   |  | ny business?   |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership   | ptcy, did you own a bus<br>in a trade, profession, o<br>pany (LLC) or limited lia  | iness or have<br>or other active  | e any of the follow<br>ity, either full-time                              |  | iny business?  |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  | ptcy, did you own a bus<br>in a trade, profession, on<br>pany (LLC) or limited lia   | iness or have<br>or other active<br>ability partnern  | e any of the follow<br>ity, either full-time<br>rship (LLP)               |  | iny business?  |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  An owner of at least 5% of the voti   | ptcy, did you own a bus<br>in a trade, profession, on<br>pany (LLC) or limited lia<br>executive of a corporation<br>ing or equity securities of  | iness or have<br>or other active<br>ability partnern  | e any of the follow<br>ity, either full-time<br>rship (LLP)               |  | ny business?   |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  An owner of at least 5% of the voti   | ptcy, did you own a bus<br>in a trade, profession, on<br>pany (LLC) or limited lia<br>executive of a corporation<br>ing or equity securities of<br>Part 12.  | iness or have<br>or other active<br>ability partnern<br>n   | e any of the follow<br>ity, either full-time<br>rship (LLP)<br>on         |  | iny business?  |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  An owner of at least 5% of the voti   | ptcy, did you own a bus<br>in a trade, profession, on<br>pany (LLC) or limited lia<br>executive of a corporation<br>ing or equity securities of<br>Part 12.  | iness or have<br>or other active<br>ability partnern<br>of a corporati  | e any of the follow<br>ity, either full-time<br>rship (LLP)<br>on<br>ess. | or part-time<br>Employer Identification  | number   |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  An owner of at least 5% of the voti   | ptcy, did you own a bus in a trade, profession, on pany (LLC) or limited liable executive of a corporation or equity securities of Part 12.  | iness or have<br>or other active<br>ability partnern<br>of a corporati  | e any of the follow<br>ity, either full-time<br>rship (LLP)<br>on<br>ess. | or part-time<br>Employer Identification<br>Do not include Social S   | number<br>ecurity number or iTIN   |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  An owner of at least 5% of the voti  No. None of the above applies. Go to it  Yes. Check all that apply above and file  Business Name                                     | ptcy, did you own a bus in a trade, profession, on pany (LLC) or limited liable executive of a corporation or equity securities of Part 12.  | iness or have<br>or other active<br>ability partnern<br>of a corporati  | e any of the follow<br>ity, either full-time<br>rship (LLP)<br>on<br>ess. | or part-time<br>Employer Identification  | number<br>ecurity number or iTIN   |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  An owner of at least 5% of the voti  No. None of the above applies. Go to it  Yes. Check all that apply above and file  | ptcy, did you own a bus in a trade, profession, on pany (LLC) or limited liable executive of a corporation or equity securities of Part 12.  | iness or have<br>or other active<br>oblitity partnern<br>of a corporation<br>of a corporation   | e any of the follow<br>ity, either full-time<br>rship (LLP)<br>on<br>ess. | or part-time<br>Employer Identification<br>Do not include Social S   | number<br>ecurity number or ITIN   |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  An owner of at least 5% of the voti  No. None of the above applies. Go to it  Yes. Check all that apply above and file  Business Name                                     | ptcy, did you own a bus in a trade, profession, on pany (LLC) or limited liable executive of a corporation or equity securities of Part 12.  Il in the details below for Describe the nature of  | iness or have<br>or other active<br>oblitity partnern<br>of a corporation<br>of a corporation   | e any of the follow<br>ity, either full-time<br>rship (LLP)<br>on<br>ess. | or part-time  Employer identification  Do not include Social Soci | number<br>ecurity number or iTIN   |
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| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  An owner of at least 5% of the voti  No. None of the above applies. Go to I  Yes. Check all that apply above and fil  Business Name                                       | ptcy, did you own a bus in a trade, profession, on pany (LLC) or limited liable executive of a corporation or equity securities of Part 12.  Il in the details below for Describe the nature of Name of accountant or the part of the part | iness or have<br>or other active<br>oblitity partnern<br>of a corporation<br>of a corporation<br>of a corporation<br>of a corporation<br>of a corporation | e any of the follow<br>ity, either full-time<br>rship (LLP)<br>on<br>ess. | Employer Identification Do not Include Social S EIN:  Dates business existed  From To  | number<br>ecurity number or ITIN   |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  An owner of at least 5% of the voti  No. None of the above applies. Go to it  Yes. Check all that apply above and file  Business Name  Number Street  City State ZIP Code | ptcy, did you own a bus in a trade, profession, on pany (LLC) or limited liable executive of a corporation or equity securities of Part 12.  Il in the details below for Describe the nature of Name of accountant or the part of the part | iness or have<br>or other active<br>oblitity partnern<br>of a corporation<br>of a corporation<br>of a corporation<br>of a corporation<br>of a corporation | e any of the follow<br>ity, either full-time<br>rship (LLP)<br>on<br>ess. | Employer Identification Do not include Social Socia | number<br>ecurity number or ITIN<br>number<br>number<br>ecurity number or ITIN |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability com  A partner in a partnership  An officer, director, or managing e  An owner of at least 5% of the voti  No. None of the above applies. Go to be yes. Check all that apply above and file  Business Name  Number Street                       | ptcy, did you own a bus in a trade, profession, on pany (LLC) or limited liable executive of a corporation or equity securities of Part 12.  Il in the details below for Describe the nature of Name of accountant or the part of the part | iness or have or other active ability partner of a corporation of a corporation the business or bookkeeper  | e any of the follow<br>ity, either full-time<br>rship (LLP)<br>on<br>ess. | Employer Identification Do not include Social Socia | number<br>ecurity number or ITIN<br>number<br>ecurity number or ITIN           |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 11

Debtor 1

MARIA LUZ NEVES

|  |  | lame  | e number (if known)   |
|--|--|---|---|
|  | First Name Last N  | ante  |   |
|  | Tada salakir Milantiyadigiqida isida bahtirdir. Yarri darlari isi bahqi myotayayarindir. Isidami'ni isili isili asida asida isida isidami isida ka   | Describe the nature of the business   | Employer Identification number  |
|  |  |   | Do not include Social Security number or iTIN.  |
|  | Business Name  |   | EIN:  |
| i  | Number Street  | Name of accountant or bookkeeper  | Dates business existed  |
|  |  | Name of accountant of bookkeeper  | Daras nasurass existen  |
|  |  |   | F T-  |
|  | City State ZIP Code  |   | From To   |
|  |  |   |   |
| stit<br>1  | utions, creditors, or other parties.   | tcy, did you give a financial statement to a  | nyone about your business? Include all financial  |
| ΙY   | es. Fill in the details below.   |   |   |
|  |  | Date issued   |   |
|  |  |   |   |
|  | Name   | MM / DD / YYYY  |   |
|  | Number 20 and  |   |   |
|  | Number Street  |   |   |
|  |  |   |   |
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|  | <b>-</b>   |   |   |
| 12   | : Sign Below   | t of Einancial Affaire and any attachments  | and I declare under popular of perium that the  |
| ha<br>ns   | Sign Below  ve read the answers on this Statemen wers are true and correct. I understan  | t of Financial Affairs and any attachments,<br>d that making a false statement, concealing<br>n result in fines up to \$250,000, or imprison  | and I declare under penalty of perjury that the<br>g property, or obtaining money or property by fraud<br>ment for up to 20 years, or both. |
| ha<br>ns   | ve read the answers on this Statemen wers are true and correct. I understan connection with a bankruptcy case can  | d that making a false statement, concealing   | g property, or obtaining money or property by fraud   |
| ha<br>ns   | ve read the answers on this Statemen wers are true and correct. I understan connection with a bankruptcy case can  | d that making a false statement, concealing   | g property, or obtaining money or property by fraud   |
| ha<br>ins<br>n c   | ve read the answers on this Statemen wers are true and correct. I understan onnection with a bankruptcy case can J.S.C. §§ 152, 1341, 1519, and 3571.  | d that making a false statement, concealing result in fines up to \$250,000, or imprison  | g property, or obtaining money or property by fraud   |
| ha<br>ins<br>n c   | ve read the answers on this Statemen wers are true and correct. I understan onnection with a bankruptcy case can J.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1 by her anticipated G HARRY JOSEPH NE  | d that making a false statement, concealing result in fines up to \$250,000, or imprison to \$250,000.  Signature of Debtor 2  VES  | g property, or obtaining money or property by fraud   |
| ha<br>haans<br>n c<br>18 U   | ve read the answers on this Statemen wers are true and correct. I understan onnection with a bankruptcy case can J.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1 by her anticipated G HARRY JOSEPH NE Date 05/18/2017  | that making a false statement, concealing result in fines up to \$250,000, or imprison  Signature of Debtor 2  VES  Date  | g property, or obtaining money or property by fraud ment for up to 20 years, or both.   |
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| haansin collaboration of the c | ve read the answers on this Statement wers are true and correct. I understant onnection with a bankruptcy case cand J.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1 by her anticipated G HARRY JOSEPH NET Date 05/18/2017  you attach additional pages to Your Signature of Debtor 1 by her anticipated G HARRY JOSEPH NET Date 05/18/2017  you attach additional pages to Your Signature of Debtor 1 by her anticipated G HARRY JOSEPH NET Date 05/18/2017  you pay or agree to pay someone who | that making a false statement, concealing result in fines up to \$250,000, or imprison  Signature of Debtor 2  VES  Date  | g property, or obtaining money or property by fraud ment for up to 20 years, or both.  s Filing for Bankruptcy (Official Form 107)?         |
| I ha ans lin c 18 l  | ve read the answers on this Statemen wers are true and correct. I understan onnection with a bankruptcy case can J.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1 by her anticipated G HARRY JOSEPH NE Date 05/18/2017  you attach additional pages to Your S No Yes  you pay or agree to pay someone who No  | that making a false statement, concealing result in fines up to \$250,000, or imprison to \$250,000.  Signature of Debtor 2  VES  Date  Statement of Financial Affairs for Individual | g property, or obtaining money or property by fraud ment for up to 20 years, or both.  S Filing for Bankruptcy (Official Form 107)?         |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 12

| In re: MARIA LUZ NEVES  | Case No.  |                             |  |
|---|---|-----------------------------|--|
| DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR: CHAPTER 13 12/15 | United States Bankruptcy Court<br>Northern District of California | ☐ Amended<br>☐ Supplemental |  |

Pursuant to 11 U.S.C. § 329 and Rule 2016(b) of the Federal Rules of Bankruptcy Procedure, I certify that I am the attorney for the above-named Debtor(s) and that the compensation paid or agreed to be paid to me for services rendered or to be rendered on behalf of the Debtors(s) in contemplation of or in connection with a case under Title 11 of the United States Code (bankruptcy) is consistent with the *Rights and Responsibilities* document applicable in the San Jose Division of the Northern District of California, United States Bankruptcy Court, which has been executed by the Debtor(s) and me. Such payment and/or agreement, having been made after one year before the date of the filing of the petition, is as follows:

| \$ 4,650                 | is the amount I have agreed to accept, of which            |
|--------------------------|--|
| \$ 1,690                 | has been paid prior to the filing of this statement, and   |
| \$ 2,960                 | is the amount remaining to be paid.                        |
| Income received          | is the source of the compensation already paid; and        |
| Chapter 13 plan payments | is the expected source of the compensation yet to be paid. |

I have not agreed to share this or any future compensation with any other person, except for the partners and associates of my firm.

In return for the above-disclosed fee, my partner and I have agreed to render legal services as stated in the legal services agreement executed by the Debtor(s) and Gold and Hammes, Attorneys, which is consistent with the *Rights and Responsibilities* document applicable in the San Jose Division of the Northern District of California, United States Bankruptcy Court.

## **CERTIFICATION**

Under penalty of perjury, I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the Debtor(s) in this bankruptcy proceeding.

Date: <u>5-18-17</u>

Signature of Attorney, NORMA HAMMES

GOLD and HAMMES, Attorneys 1570 The Alameda, Suite 223

San Jose, CA 95126

phone: 408-297-8750 fax: 408-297-1189

email: goldandhammes@goha.com

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR: CHAPTER 13** 

| In re: MARIA LUZ NEVES  | Case No.  |                           |  |  |
|---|---|---------------------------|--|--|
| CREDITOR MATRIX COVER SHEET                                     | United States Bankruptcy Court<br>Northern District of California | □ Amended                 |  |  |
|   |   |                           |  |  |
| I declare that the attached Creditor Mailing Matrix, consisting | of 1 sheets, contains the correc                                  | et, complete and current  |  |  |
| names and addresses of all priority, secured and unsecured      | creditors listed in debtor(s)' filing and                         | that this matrix conforms |  |  |
| with the Clerk's promulgated requirements.                      |   |                           |  |  |
|   | 4/  |                           |  |  |
| Date: 5-18-17   | nouma Ha  | mmes                      |  |  |
| <u> </u>  | Signature of Debtor(s)' Attorney                                  |                           |  |  |
|   | NORMA HAMMES GOLD and HAMMES, Attorneys                           |                           |  |  |
|   | 1570 The Alameda, Suite 223<br>San Jose, CA 95126                 |                           |  |  |
|   | San 1000, Cr 173120   |                           |  |  |
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|   |   |                           |  |  |
|   |   |                           |  |  |
| CREDITOR MATRIX COVER SHEET                                     |   |                           |  |  |

Seterus Inc PO Box 1077 Hartford CT 06143

Citibank PO Box 6500 Sioux Falls SD 57188

The Mortgage Law Firm PLC 41689 Enterprise Cir North #228 Temecula CA 92590

| Fill in this information to identify your case: |                    |   |           |  |
|---|--------------------|---|-----------|--|
| Debtor 1  | MARIA LUZ N        | IEVES                                   |           |  |
| · · · · · ·                                     | First Name         | Middle Name                             | Last Name |  |
| Debtor 2  |                    |   |           |  |
| (Spouse, if filing)                             | First Name         | Middle Name                             | Last Name |  |
| United States E                                 | Bankruptcy Court f | or the: Northern District of California |           |  |
| Case number<br>(If known)                       |                    |   |           |  |
|   |                    |   |           |  |

| Check as directed in lines 17 and 21:                                |  |  |  |  |  |
|--|--|--|--|--|--|
| According to the calculations required by this Statement:            |  |  |  |  |  |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |
| 3. The commitment period is 3 years.                                 |  |  |  |  |  |
| 4. The commitment period is 5 years.                                 |  |  |  |  |  |

☐ Check if this is an amended filing

## Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Pa | nt 1: Calculate Your Average Monthly Income  |  |   |  |
|----|--|--|---|--|
| 1. | What is your marital and filling status? Check one only.  Not married. Fill out Column A, lines 2-11.  Married. Fill out both Columns A and B, lines 2-11.   |  |   |  |
|    | Fill in the average monthly income that you received from bankruptcy case. 11 U.S.C. § 101(10A). For example, if you august 31. If the amount of your monthly income varied due the result. Do not include any income amount more than or from that property in one column only. If you have nothing the second column of the column | ou are filing on September 15, the<br>ring the 6 months, add the income<br>nce. For example, if both spouses | 6-month period wou<br>for all 6 months and<br>own the same rental | uld be March 1 through<br>I divide the total by 6. Fill in |
|    |  |  | Column A<br>Debtor 1  | Column B Debtor 2 or non-filing spouse                     |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).  | commissions (before all  | \$0   | \$   |
| 3. | Allmony and maintenance payments. Do not include pay   | yments from a spouse.  | \$ <u>0</u>   | \$   |
| 4. | All amounts from any source which are regularly paid f<br>you or your dependents, including child support. Include<br>an unmarried partner, members of your household, your de<br>roommates. Do not include payments from a spouse. Do not<br>listed on line 3.  | de regular contributions from ependents, parents, and  | \$ <u> </u>   | \$   |
| 5. | Net income from operating a business, profession, or farm  | Debtor 1 Debtor 2  |   |  |
|    | Gross receipts (before all deductions)   | <b>\$</b>  |   |  |
|    | Ordinary and necessary operating expenses  | - \$   |   |  |
|    | Net monthly income from a business, profession, or farm  | \$0  | \$0   | \$0  |
| 6. | Net income from rental and other real property   | Debtor 1 Debtor 2  |   |  |
|    | Gross receipts (before all deductions)   | \$   |   |  |
|    | Ordinary and necessary operating expenses  | - \$   |   |  |
|    | Net monthly income from rental or other real property  | s 0 s 0 Copy   | e 0   | ¢ 0  |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 1

| ח | ام | ht. | Ô١ | • • |  |
|---|----|-----|----|-----|--|

MARIA LUZ NEVES

| INIVIVIV F |             |            |  |
|------------|-------------|------------|--|
|            |             |            |  |
| Eiret Mame | Middle Name | l set Name |  |

| A           |             |  |  |
|-------------|-------------|--|--|
| Case number | (If Known)_ |  |  |

|     |   | Column A<br>Debtor 1 | Column B Debtor 2 or non-filing spouse |        |
|-----|---|----------------------|--|--------|
| 7.  | Interest, dividends, and royalties  | \$0                  | \$                                     |        |
| 8.  | Unemployment compensation   | \$0                  | \$                                     |        |
|     | Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:   |                      |  |        |
|     | For you\$   |                      |  |        |
|     | For your spouse \$  |                      |  |        |
| 9.  | <b>Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.   | \$0                  | \$                                     |        |
| 10. | Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. |                      |  |        |
|     |   | \$0                  | \$                                     |        |
|     |   | \$0                  | s                                      |        |
|     | Total amounts from separate pages, if any.  | <b>+</b> \$0         | + \$                                   |        |
| 11. | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.   | \$0                  | + \$0                                  | = \$ 0 |
|     | Copy your total average monthly income from line 11   |                      |  | \$0    |
|     | You are not married. Fill in 0 below.   |                      |  |        |
|     | You are married and your spouse is filing with you. Fill in 0 below.  |                      |  |        |
|     | You are married and your spouse is not filing with you.   |                      |  |        |
|     | Fill in the amount of the income listed in line 11, Column B, that was NOT regular you or your dependents, such as payment of the spouse's tax liability or the spou you or your dependents.  | se's support of some | eone other than                        |        |
|     | Below, specify the basis for excluding this income and the amount of income devo  | oted to each purpose | e. If necessary,                       |        |
|     | If this adjustment does not apply, enter 0 below.   |                      |  |        |
|     |   | _ \$                 |  |        |
|     |   | _ \$                 |  |        |
|     |   | _ +\$                |  | _      |
|     | Total   | \$                   | Copy here →                            | 0      |
| 14  | . Your current monthly income. Subtract the total in line 13 from line 12.  |                      |  | \$0    |
| 15  | . Calculate your current monthly income for the year. Follow these steps:   |                      |  |        |
|     | 15a. Copy line 14 here →  |                      |  | \$0    |
|     | Multiply line 15a by 12 (the number of months in a year).   |                      | ı                                      | x 12   |
|     | 15b. The result is your current monthly income for the year for this part of the form   |                      |  | \$0    |

| Debtor 1           | MARIA LUZ NEVES First Name Last Name Last Name   |  | Case number (if known)  |                |
|--------------------|--|--|---|----------------|
| 16. Calculat       | te the median family income that applies to yo   | u. Follow these step                         | os:   |                |
|                    | in the state in which you live.  | CA   |   |                |
| 16b. Fill          | in the number of people in your household.   | 1  |   |                |
| То                 | in the median family income for your state and si find a list of applicable median income amounts, tructions for this form. This list may also be availa | go online using the                          |   | \$52,416       |
| 17. How do         | the lines compare?   |  |   |                |
| 17a. 🔽             |  |  | is form, check box 1, <i>Disposable income is not dete</i><br>Your Disposable Income (Official Form 122C–2).          | ermined under  |
| 17b. 🗖             |  | t Calculation of Yo                          | eck box 2, <i>Disposable income is determined under</i><br>our Disposable Income (Official Form 122C–2).<br>14 above. | •              |
| Part 3:            | Calculate Your Commitment Period U   | nder 11 U.S.C. §                             | 1325(b)(4)  |                |
| 18. <b>Copy yo</b> | our total average monthly income from line 11.   |  |   | \$ <u>0</u>    |
| calculati          | the marital adjustment if it applies. If you are ning the commitment period under 11 U.S.C. § 132  | narried, your spouse<br>5(b)(4) allows you t | e is not filing with you, and you contend that<br>o deduct part of your spouse's income, copy                         |                |
| 19a. If t          | unt from line 13.<br>he marital adjustment does not apply, fill in 0 on li   | ne 19a                                       |   | - \$ <u> </u>  |
| 19b. <b>S</b> ı    | ubtract line 19a from line 18.   |  |   | \$0            |
| 20. Calcula        | te your current monthly income for the year. F   | follow these steps:                          |   |                |
| 20a. Co            | ppy line 19b   |  |   | s 0            |
| Mu                 | ultiply by 12 (the number of months in a year).  |  |   | x 12           |
| 20b. Th            | ne result is your current monthly income for the ye  | ar for this part of the                      | e form.   | <u>\$0</u>     |
| 20c. Cop           | by the median family income for your state and siz   | e of household fron                          | n line 16c  | \$52,416       |
| 21. <b>How do</b>  | the lines compare?   |  |   |                |
|                    | 20b is less than line 20c. Unless otherwise order commitment period is 3 years. Go to Part 4.  | red by the court, on                         | the top of page 1 of this form, check box 3,  |                |
|                    | 20b is more than or equal to line 20c. Unless oth<br>ck box 4, <i>The commitment period is 5 years</i> . Go to   | •  | he court, on the top of page 1 of this form,  |                |
| Part 4:            | Sign Below   |  |   |                |
|                    | By signing here, under penalty of periury I declar   | re that the informat                         | ion on this statement and in any attachments is tru   | e and correct. |
|                    | × 1 Na -/  |  | *   | <del>-</del>   |
|                    | Signature of Debtor 1 MARTA LUZ NEVES<br>by her anticipated Guardian<br>HARRY JOSEPH NEVES   | Ad Litem,                                    | Signature of Debtor 2   |                |
|                    | Date 05/18/2017  |  | Date  |                |

If you checked 17a, do NOT fill out or file Form 122C-2.

MM / DD / YYYY

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

MM / DD / YYYY

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